

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
McCOLLUM, individually, and STEPHANIE §  
KINGREY, individually and as independent §  
administrator of the Estate of LARRY GENE §  
McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 270

Charles Adams, M.D.

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM and	§	
SANDRA McCOLLUM,	§	
individually and as	§	
independent administrator	§	
of the Estate of LARRY	§	Civil Action
GENE McCOLLUM,	§	
	§	Number 4:14-CV-3253
	§	
Plaintiffs,	§	
	§	
vs.	§	
	§	
	§	
BRAD LIVINGSTON, JEFF	§	
PRINGLE, RICHARD CLARK,	§	
KAREN TATE, SANDREA	§	
SANDERS, ROBERT EASON,	§	
THE UNIVERSITY OF TEXAS	§	
MEDICAL BRANCH and THE	§	
TEXAS DEPARTMENT OF	§	
CRIMINAL JUSTICE,	§	
	§	
Defendants.	§	

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ORAL AND VIDEOTAPED DEPOSITION OF

CHARLES ADAMS, M.D.

MAY 18, 2016

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1 ORAL AND VIDEOTAPED DEPOSITION OF CHARLES  
2 ADAMS, M.D., produced as a witness at the instance  
3 of the PLAINTIFFS, and duly sworn, was taken in the  
4 above-styled and numbered cause on MAY 18, 2016,  
5 from 8:22 a.m. to 4:54 p.m., before Melody Reneé  
6 Campbell, CSR in and for the State of Texas,  
7 reported by method of machine shorthand, at the  
8 offices of the Attorney General, 300 West 15th  
9 Street, Austin, Texas, pursuant to Notice and Court  
10 Order and the Federal Rules of Civil Procedure.

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OR THE DEFENDANTS BRAD LIVINGSTON, JEFF PRINGLE,  
 RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT  
 EASON, THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE:

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Charles Adams, M.D.

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ALSO PRESENT:  
Dr. Glenda Adams  
Ms. Shanna Molanre  
Ms. Ashley Palermo  
Ms. Jennifer Osteen  
Ms. Jennifer Daniel  
Ms. Deborah M. Woltersdorf  
Mr. Kevin J. Schaefer (Videographer)

1 testimony.

2 MR. ALVAREZ: And asked and answered.

3 And I agree and join in those objections.

4 THE WITNESS: Do you want me to  
5 answer?

6 MR. ALVAREZ: Yeah. It's asked and  
7 answered. But if you want to answer it, go ahead.

8 A. I answered it. They deserve to be  
9 protected from heat. And I have no knowledge about  
10 the armory at Hutchins.

11 Q. (BY MR. EDWARDS) If the Texas Department  
12 of Criminal Justice is air-conditioning the bullets  
13 in the armory and not air-conditioning the housing  
14 areas where Mr. McCollum lived and suffered a  
15 heatstroke and eventually died, do you think that  
16 they're providing the same amount of protection from  
17 the heat?

18 MR. KAMMERLOCHER: Objection; calls  
19 for speculation and incomplete hypothetical.

20 A. Well, there's really nothing the bullets  
21 can do for themselves. Again -- and I'll go back to  
22 my default. I think adequate hydration does a whole  
23 lot to prevent heatstroke. I do.

24 MR. EDWARDS: I guess I'll object,  
25 nonresponsive, after, "Well, there's really nothing

1 the bullets can do for themselves."

2 Q. (BY MR. EDWARDS) Okay. So you go to -- I  
3 mean not only -- this is about the Gurney Unit.  
4 Right? This --

5 A. Are we through with this one?

6 Q. No. We're just getting started.

7 MR. ALVAREZ: We really haven't even  
8 gotten started yet, have we?

9 MR. EDWARDS: I don't think we have.

10 Q. (BY MR. EDWARDS) You mentioned a  
11 long-term strategy. You need a better long-term  
12 strategy than drink some water. Right?

13 A. Well, I think --

14 MR. KAMMERLOCHER: Objection;  
15 mischaracterizes testimony.

16 A. There's other options. I'm not a  
17 mechanically inclined person. I don't know what  
18 those would be. But I threw out the fact that I  
19 think we need a long-term strategy for this kind of  
20 weather. Now, I don't know what it would be.

21 Q. Fair enough. You're not mechanically  
22 inclined, you're not capable of designing a cooling  
23 system. Is what you're telling me?

24 A. I promise you, I'm not.

25 Q. But you are capable of knowing that it's

1 really hot and that -- right?

2 A. Yes.

3 Q. Okay. And so it would seem to me that the  
4 long-term strategy ought to be cooling the  
5 temperatures down.

6 A. And that probably could be done in a  
7 variety of ways, and I just don't know what they  
8 would be.

9 Q. Fair enough. But make no mistake, when  
10 you say long-term strategy, it needs to be to get  
11 the temperatures down so that this doesn't happen in  
12 the future. Right?

13 A. Well, that's certainly what I was  
14 implying, I think.

15 Q. Appreciate that. Given the obvious  
16 implication of that and what you're testifying  
17 today -- did anybody call you up from UTMB or TDCJ  
18 to say, let's work on a long-term strategy?

19 MR. KAMMERLOCHER: Objection; vague.

20 A. No.

21 Q. (BY MR. EDWARDS) Have you ever been --  
22 have you ever been on kind of a long-term strategy  
23 planning committee with relation to cooling down the  
24 temperatures in any prison units?

25 A. No.



1           A.    Well, that's why he substituted -- that's  
2    why he substituted hydrochlorothiazide. He stopped  
3    one medicine and started another.

4           Q.    Right. And I thought you told me he did  
5    that because clonidine is not a good medication for  
6    hypertension and you don't prescribe it, anyway, for  
7    nonemergencies?

8           A.    Correct.

9           Q.    Okay. So he takes -- he takes  
10   Mr. McCollum off of the clonidine and he replaces it  
11   with hydrochlorothiazide?

12          A.    Correct.

13          Q.    Now, did Dr. Babbili -- or PA Babbili meet  
14   with Mr. McCollum before making this decision?

15          A.    It doesn't appear so.

16          Q.    Would you agree that, when you're taking  
17   somebody off of medication like clonidine, you ought  
18   to meet with the patient?

19          A.    I would.

20          Q.    Okay. Now, another thing it says here, it  
21   says -- it says that it warranted initial assessment  
22   of blood pressure and subsequent monitoring.

23          A.    Uh-huh.

24          Q.    So does that mean that when you meet with  
25   him, you would have taken the blood pressure to

1 determine is it elevated, is it low, is it  
2 controlled, is it uncontrolled, that type of thing?

3 A. Correct.

4 Q. Okay. That was not done?

5 A. It was not done.

6 Q. Okay. I guess if you say you would have  
7 done that, presumably it would be possible to do  
8 that, to meet with Mr. McCollum as a medical  
9 provider at the Hutchins Unit. Right?

10 A. Yeah. And I -- I think many providers  
11 would have done that.

12 Q. Many providers would have met with  
13 Mr. McCollum?

14 A. Brought him in, got his blood pressure,  
15 change -- told him, we're changing your medicine,  
16 here is the deal.

17 Q. And I want to make sure. Many prison  
18 medical providers would have done that. Right?

19 A. Sure.

20 Q. Because the standard of care requires it.  
21 Right?

22 A. Yes.

23 Q. And because people at prison, as I've  
24 heard throughout this case, deserve the same  
25 standard of care as a free-world clinic. Right?

1 A. Yes.

2 Q. All right. So that wasn't done. The  
3 blood pressure wasn't done. Now, the subsequent  
4 monitoring, what does that mean? Does that -- what  
5 does that mean?

6 A. Bringing them in a couple of times over  
7 the next couple days to take a random blood  
8 pressure.

9 Q. Okay. So had the standard of care been  
10 followed, we would know what Mr. McCollum's blood  
11 pressure was day one of him coming into the prison.  
12 Right?

13 A. Yeah. Day one or two, depending on when  
14 he came in.

15 Q. Fair enough. Day one or two. And also,  
16 because if you're going to take somebody's blood  
17 pressure, you would certainly take their vital  
18 signs. Right?

19 A. Yeah. That's part of your vital signs.

20 Q. So we would also know his temperature, his  
21 respiratory rate and his pulse rate. Right?

22 A. Correct.

23 Q. And if you're going to be examining a  
24 patient and taking the vital signs, presumably you  
25 could also have done an intake physical?

1 When would you do the check, the monitoring?

2 A. At least the next day and probably the day  
3 following.

4 Q. Okay. So that means that sometime  
5 within -- certainly by day two his blood pressure  
6 and vital signs would have been checked, Larry  
7 McCollum, if things had been done correctly. Right?

8 A. Yes.

9 Q. And then certainly by days three and four  
10 he would have been brought back to the clinic for  
11 another blood pressure check on those two days,  
12 right, if things were done properly?

13 A. That would be my preference, yes.

14 Q. And I think you told me that it generally  
15 takes about three days to get a number from TDCJ.  
16 Is that accurate?

17 A. Three to four.

18 Q. Three to four. So assuming that he was  
19 coming in day three or four, he would have had his  
20 number and you could -- and Doctor -- PA Babbili or  
21 somebody else, Dr. Org, there could have done an  
22 intake physical. Right?

23 A. Yes.

24 Q. Okay.

25 A. Excuse me. Depending on the time and how

1 the process is working at that unit, and -- you  
2 know, because they have got to get a dental exam.  
3 They have got a bunch of stuff they have to do on  
4 the day they get their physical, including lab work  
5 and that stuff.

6 Q. Would have been three more chances for a  
7 competent medical provider to notice that  
8 Mr. McCollum is morbidly obese and needs a lower  
9 bunk restriction, though. Right?

10 A. True.

11 Q. And it would have been three more times to  
12 determine if Mr. McCollum's blood pressure was out  
13 of whack. Right?

14 A. Well, we don't know that it was.

15 Q. Well, we don't know because nobody took  
16 his blood pressure. Right?

17 A. True.

18 Q. So it would have been three or more times  
19 to determine if his blood pressure was out of whack  
20 or not out of whack. Right?

21 A. I agree.

22 Q. And it would be three or four more times  
23 to check his temperature to determine whether or not  
24 he was getting sick. Right?

25 A. Okay.

1 Q. Is that true?

2 A. True.

3 Q. And it would have been three or four more  
4 times to determine if he was adequately hydrating.  
5 Right?

6 A. Possibly.

7 Q. Three or four more times to determine if  
8 he was --

9 A. It would have been seen.

10 Q. Sure. Because he would have been seen, it  
11 would have been three or four more times for him to  
12 be noticed whether or not he was profusely sweating.  
13 Right?

14 A. Uh-huh.

15 Q. Is that true?

16 A. He would have been seen by a provider,  
17 yes.

18 Q. And if he was profusely sweating, that  
19 would have -- should have been noticed by a  
20 provider. Right?

21 A. We don't know that he was, because he  
22 wasn't seen.

23 Q. He wasn't seen by --

24 A. A medical provider.

25 Q. Right. But if he was -- if he was

1 A. Correct.

2 Q. Okay. Nobody evaluated him for diabetes  
3 at any point at TDCJ. Right?

4 A. No.

5 Q. And the significance of that is that  
6 his -- if he -- he may have had diabetes; he may not  
7 have had diabetes. Do you agree with that?

8 A. Yes.

9 Q. Okay. We would know or have better  
10 information if someone had bothered to evaluate him,  
11 though. Right?

12 MR. ALVAREZ: Objection; calls for  
13 speculation.

14 MR. KAMMERLOCHER: Join the  
15 objection.

16 A. Yes.

17 Q. (BY MR. EDWARDS) Let's talk about  
18 Mr. Bogus. What do you know about him?

19 A. Where are we reading from?

20 Q. Case Number 4.

21 A. Is this Exhibit 12?

22 Q. Yeah. Did Mr. Boggus suffer a  
23 heat-related illness?

24 A. Let me read this. I haven't read this  
25 before.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM,

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

## EXHIBIT 271



**GLENDAM. ADAMS, M.D. - March 07, 2014**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

STEPHEN McCOLLUM, and SANDRA §  
McCOLLUM, individually, and §  
STEPHANIE KINGREY, individually §  
and as independent administrator §  
of the Estate of LARRY GENE §  
McCOLLUM, §  
Plaintiffs, §

VS. §

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, §  
the UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT §  
OF CRIMINAL JUSTICE, §  
Defendants. §

CIVIL ACTION NO.  
3:12-cv-02037  
JURY DEMAND

\*\*\*\*\*  
ORAL & VIDEOTAPED DEPOSITION OF  
GLENDAM. ADAMS, M.D.  
MARCH 7, 2014  
\*\*\*\*\*

ORAL & VIDEOTAPED DEPOSITION OF GLENDAM. ADAMS,  
M.D., produced as a witness at the instance of  
PLAINTIFFS, and duly sworn, was taken in the  
above-styled and numbered cause on the 7th day of  
March, 2014, from 10:14 a.m. to 3:48 p.m., before  
LORI A. BELVIN, CSR, and Notary Public in and  
for the State of Texas, reported by videographic and  
stenographic means, at the offices of Glenda M. Adams,  
M.D., 200 River Pointe, Suite 200, Conroe, Texas,  
77304, pursuant to the Federal Rules of Civil Procedure.

**WRIGHT WATSON & ASSOCIATES, LLC**

**(512) 474-4363**

Plaintiffs' MSJ Appx. 6324

**GLENDAM. ADAMS, M.D. - March 07, 2014**

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ALSO PRESENT:

Ms. Jennifer Osteen, UTMB Representative  
Mr. Glen Tune, Videographer  
Ms. Lori A. Belvin, Texas CSR No. 2572

**WRIGHT WATSON & ASSOCIATES, LLC**

**(512) 474-4363**

Plaintiffs' MSJ Appx. 6325

## GLENDA M. ADAMS, M.D. - March 07, 2014

1 is "Obesity."

2 A. Okay. 2011, it goes over to the second page. It  
3 looks like there was 13,998.

4 MR. EDWARDS: Okay. Let me object as  
5 nonresponsive. 11:39

6 Q. (BY MR. EDWARDS) Listen to my question, though.  
7 At the Hutchins Unit --

8 A. Oh, at the Hutchins Unit?

9 Q. How many inmates for the year 2011 would be  
10 categorized as "obese"? 11:39

11 A. Hutchins? You know, I don't know if this is a  
12 point in time a statistic or if this is the total for  
13 the year. I would suspect a point in time. It says  
14 "170."

15 Q. Okay. Well, what you raise is an interesting 11:40  
16 point, because what I'm trying to figure out is: Is  
17 that a reliable document?

18 MS. COOGAN: Objection, vague.

19 Q. (BY MR. EDWARDS) And what I mean by that,  
20 Dr. Adams, is: What does that number "170" mean? Do 11:40  
21 you know?

22 A. I would have to ask Mr. King how he gathered his  
23 data; but, roughly speaking, that is an estimate.

24 Q. Okay. You have no idea what that number "170"  
25 represents; is that correct? 11:40

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Plaintiffs' MSJ Appx. 6326

## GLENDA M. ADAMS, M.D. - March 07, 2014

1 A. At this point in time, I don't know exactly how  
2 he collected that data.

3 Q. Have you had conversations with Mr. King about  
4 how he collected that data?

5 A. No, I haven't. 11:40

6 Q. Okay. Could that mean for the entire year 2011  
7 that there were 170 offenders categorized as "obese"?

8 A. I don't know if that's a point-in-time statistic  
9 or if that is the total that were documented as "obese"  
10 throughout the year coming -- going through Hutchins. 11:41

11 Q. Very significant for us to know that, right --

12 MS. COOGAN: Objection, vague.

13 Q. (BY MR. EDWARDS) -- in order to evaluate this,  
14 correct?

15 A. Well, it depends on how you intend to use it to  
16 evaluate it. 11:41

17 Q. How do you intend to use it? It's your document.

18 MS. COOGAN: Objection -- objection,  
19 misstates the evidence and the testimony, vague.

20 A. It's -- it's information that you requested. Any 11:41  
21 data that you're going to get, it's the most reliable  
22 data that we can provide to you.

23 Q. (BY MR. EDWARDS) My question to you: Is it  
24 reliable if you have no idea what it represents?

25 MS. COOGAN: Objection. She didn't create 11:41

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Plaintiffs' MSJ Appx. 6327

**GLENDA M. ADAMS, M.D. - March 07, 2014**

1           Okay. Why is -- I mean, it looks like his  
2           vitals are on -- I mean, why are these vitals like from  
3           2004 on --

4           A. On this note?

5           Q. On these notes.

04:16

6           A. Because our EMR imports the most recent vitals on  
7           record. If vital signs had been taken that day, that's  
8           the date that would have been on them.

9           Q. So, the last time UTMB took Mr. McCollum's vitals  
10          was back in --

04:16

11          A. 2003 --

12          Q. -- 2003?

13          A. -- during his prior incarceration.

14          Q. So, relying on prior incarceration, like, housing  
15          restriction records, that would not have been a good  
16          thing in this situation with Mr. McCollum at the  
17          Hutchins Unit, right?

04:16

18          A. He would have been re-assessed and given new  
19          restrictions.

20          Q. Okay. And that would have taken place at his  
21          intake physical?

04:17

22          A. Yes.

23          Q. Now, let's -- before we dive into the actual heart  
24          stroke, I want to ask you about that -- the physical.  
25          You write that the policy of UTMB and TDCJ is that an

04:17

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Plaintiffs' MSJ Appx. 6328

**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 intake physical exam has to happen within 7 business  
2 days of arrival at the Hutchins Unit; is that correct?

3 A. Well, the current policy requires within.  
4 10 business days. I believe it was 7 business days back  
5 then, but it could have just been 7 days. 04:17

6 Q. You've gone the opposite direction after this  
7 death? You've made the intake physical, delaying it  
8 longer --

9 A. I didn't. The Policy & Procedure Committee  
10 allows up to 10 business days for the intake history and 04:18  
11 physical.

12 Q. Okay. All right. So, in July of 2011, you had a  
13 policy "We have to an intake physical within 7 business  
14 days"; is that accurate?

15 A. Correct. 04:18

16 Q. Okay. Now, the policy of UTMB and, I guess, the  
17 TDCJ is that the physical -- the intake physical can  
18 take 10 business days?

19 A. It can. That's consistent with community  
20 standards of an appointment with a physician within 04:18  
21 about two weeks.

22 Q. Who's told you that?

23 A. That's -- lots of people.

24 Q. Who?

25 A. When I asked them how long it takes them to get 04:18

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**(512) 474-4363**

Plaintiffs' MSJ Appx. 6329

**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 A. TDCJ would have -- are you talking about security  
2 on the unit?

3 Q. (BY MR. EDWARDS) You know, help me out. Tell me  
4 what you're talking about.

5 A. Okay. If it was determined that it was medically 04:27  
6 necessary for him to have air-conditioning, they -- the  
7 unit medical director might have called TDCJ Health  
8 Services, okay?

9 But they would have referred him to  
10 utilization review, UTMB utilization review, okay; and, 04:27  
11 then, his condition would have been assessed to make a  
12 determination if he needed to be moved to an  
13 air-conditioned environment. At that time, he would  
14 have gone into one of the infirmary beds.

15 Q. (BY MR. EDWARDS) And there's a limited number of 04:28  
16 beds, right?

17 A. Yes.

18 Q. So that Utilization Review Committee is, rally,  
19 performing some sort of triage situation; is that right?

20 A. Pretty much. That's a fair description. 04:28

21 Q. Okay. So you've got -- do you know how many of  
22 those triage beds or cells you're talking about?

23 A. How many there are?

24 Q. Yeah.

25 A. Absolutely, four-hundred-and -- well, there were 04:28

**WRIGHT WATSON & ASSOCIATES, LLC**

**(512) 474-4363**

Plaintiffs' MSJ Appx. 6330

**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 471 at the time. We now have 481.

2 Q. Okay. Well, do you think that's enough to  
3 protect the offenders who are susceptible to extreme  
4 heat or especially vulnerable to extreme heat?

5 A. No, but it's all we have. 04:28

6 Q. Okay. And I understand that. And what you're  
7 telling me, just so I understand, is "Look, this is an  
8 impossible situation. We have to evaluate really  
9 serious conditions on down and perform almost like a  
10 MASH unit would in war to determine who gets these 04:28  
11 481 beds," right?

12 A. Essentially, yes.

13 Q. Okay. Now, that -- do you think that's fair to  
14 UTMB to put you in that position?

15 A. Is it fair to UTMB? I don't know that it's a 04:29  
16 statement of fairness. That's what we're given to work  
17 with and we manage them as best we can.

18 Q. Okay. Do you not see as a -- you know, you're  
19 talking about community standards in Dallas, right, as  
20 being appropriate? 04:29

21 A. Uh-huh.

22 Q. I mean, could you imagine a hospital or a school  
23 saying "Look, we've only got so many spots. I mean, we  
24 can only take the absolutely sickest. You guys, who are  
25 totally vulnerable to heat, good luck to you"? I mean, 04:29

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Plaintiffs' MSJ Appx. 6331



**GLENDAM. ADAMS, M.D. - March 07, 2014**

1 within -- by a nurse, at least, within 48 hours and by a  
2 provider within 7 days.

3 Q. Okay.

4 A. If it's a serious condition, they have to be seen  
5 immediately.

04:43

6 Q. Mr. McCollum had a serious condition, didn't he?

7 A. Nobody notified medical that he had a serious  
8 condition.

9 Q. Okay. In your report, there was an exhibit that  
10 said something like TDCJ wouldn't allow you to recommend  
11 air-conditioning or something like that. It's like  
12 Exhibit 9 [sic], I think, of your affidavit?

04:43

13 MS. COOGAN: The facilities list.

14 A. Oh, the facilities list.

15 Q. (BY MR. EDWARDS) Yeah, I just want to ask you  
16 about that and then we'll get back to the nursing triage  
17 note.

04:43

18 A. All right. It's 7 (which is within the marked  
19 Adams Exhibit No. 2.

20 Q. This is Exhibit 7 to your list of attachments to  
21 your affidavit and it is, also, in Exhibit 2 to this  
22 deposition.

04:43

23 This is a policy by TDCJ, which is  
24 explicitly instructing you that, though, there are some  
25 housing areas with air-conditioning or climate control,

04:44

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**GLENDAM. ADAMS, M.D. - March 07, 2014**

1 they're saying to -- they're saying to UTMB that they  
2 can't specifically request an air-conditioned  
3 environment for their patients. Is that what they're  
4 saying.

5 A. They're saying that if an air-conditioned 04:44  
6 environment is medically necessary they have to go  
7 through utilization review and placed in an inpatient  
8 bed.

9 Q. All right. Is there anything that prevents a  
10 UTMB physician's assistant, doctor from recommending 04:44  
11 air-conditioning as a housing placement on that HSM 18?

12 A. There's -- it's a computerized form and there's  
13 no selection for air-conditioned or climate-controlled  
14 housing.

15 Q. Okay. Is it impossible to write it in and say "I 04:45  
16 recommend this"?

17 A. It is impossible to write it in. It's a computer  
18 form.

19 Q. Okay. Who made it impossible to write in  
20 "Air-Conditioning would be better for this patient," 04:45  
21 UTMB or TDCJ?

22 A. It is a form that is on the TDCJ Forbus system.

23 Q. Any discussion after 10 people died of  
24 hyperthermia in the Texas prison system of changing  
25 that? 04:45

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Plaintiffs' MSJ Appx. 6333

**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 A. No, not without a protocol.

2 Q. Okay. Do you know -- or is it your understanding  
3 that the UTMB nurse here delayed the contacting of 9-1-1  
4 or that they immediately said "Contact 9-1-1"?

5 MS. COOGAN: Objection, vague.

04:50

6 Q. (BY MR. EDWARDS) Do you know? Do you know how  
7 long it took for the UTMB nurse to say "Contact 9-1-1"?

8 A. She would have said that immediately once she was  
9 given this information, but there's no documentation as  
10 how long.

04:50

11 Q. Fair enough. Your expectation would be that that  
12 nurse would have said "Get 9-1-1 there immediately,"  
13 right?

14 A. Yes.

15 Q. Okay. Do you know that that report there, that  
16 the seizure had only been lasting five minutes is wrong?

04:50

17 A. I go by what's in the medical record.

18 Q. Okay. What if it was, like, 30 minutes, would  
19 that be more or less of a medical emergency?

20 A. Any -- five minutes or whatever, if you're in  
21 status epileptic -- yes, it's an emergency. It's a  
22 9-1-1 situation.

04:50

23 Q. Right. You wouldn't just sit there and watch  
24 somebody seize and go in and out of convulsions for,  
25 you know, 20 or 30 minutes, right?

04:51

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1 TDCJ trains and what UTMB trains?

2 A. Yes, TDCJ normally trains the -- they may train  
3 additional folks, but by policy they're required to  
4 train the security, whoever the -- whomever the warden  
5 decides should be trained by medical.

04:56

6 Q. That's very helpful. Now, 15 depositions in and  
7 I very much appreciate it. I finally have a clearer  
8 understanding of that.

9 So, UTMB's got the sergeants and the  
10 lieutenants and the warden, you know, making clear that  
11 this is an emergency, right?

04:56

12 MS. COOGAN: Objection. What?

13 Q. (BY MR. EDWARDS) Heat stroke, that's it's a  
14 medical emergency, right?

15 A. Heat stroke is an emergency. Everybody's trained  
16 in that, even offenders.

04:56

17 Q. Okay. And, luckily, an offender -- do you know  
18 the -- are you aware that an offender actually went and  
19 got a correctional officer about Mr. McCollum's heat  
20 stroke?

04:57

21 A. I vaguely remember that. I did not re-read the  
22 OIG report before we came to this deposition.

23 Q. Okay. All right. Have you ever done any of the  
24 heat trainings?

25 A. No.

04:57

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**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 Q. Okay. In any event, 9-1-1 should have been  
2 contacted just immediately?

3 MS. COOGAN: Objection, repetitive.

4 Q. (BY MR. EDWARDS) Well -- is that correct,  
5 immediately? 04:59

6 A. 9-1-1 as soon as it's safe and you're able to,  
7 yes, should have been called.

8 Q. Perfect.

9 Okay. So the ambulance gets there, right --  
10 or did you review the EMS records. 04:59

11 A. EMS records have never been made available to me.  
12 I've -- I've never seen them.

13 Q. Oh, okay. Well, you should ask your Counsel for  
14 them.

15 MS. COOGAN: Objection to the sidebar. 04:59

16 Q. (BY MR. EDWARDS) Do you think that that would be  
17 helpful to you?

18 A. As -- I'm -- at this point, I am not sure. If  
19 there's something in there that I'm not expecting,  
20 perhaps; but, otherwise, EMS would have done EMS things 04:59  
21 until they got him to the hospital.

22 Q. Right. Okay.

23 A. I don't think it would change any of my opinions.

24 Q. Okay. Now, you're not an emergency -- are you --  
25 do you have any expertise with EMS? Are you a certified 05:00

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**GLENDAM. ADAMS, M.D. - March 07, 2014**

1 UNITED STATES DISTRICT COURT  
 2 NORTHERN DISTRICT OF TEXAS  
 3 DALLAS DIVISION

3 STEPHEN McCOLLUM, and SANDRA \$  
 4 McCOLLUM, individually, and \$  
 5 STEPHANIE KINGREY, individually \$  
 6 and as independent administrator\$  
 7 of the Estate of LARRY GENE \$  
 8 McCOLLUM, \$  
 9 Plaintiffs, \$

10 VS. \$

CIVIL ACTION NO.  
 3:12-cv-02037  
 JURY DEMAND

11 BRAD LIVINGSTON, JEFF PRINGLE, \$  
 12 RICHARD CLARK, KAREN TATE, \$  
 13 SANDREA SANDERS, ROBERT EASON, \$  
 14 the UNIVERSITY OF TEXAS MEDICAL \$  
 15 BRANCH and the TEXAS DEPARTMENT \$  
 16 OF CRIMINAL JUSTICE, \$  
 17 Defendants. \$

18 REPORTER'S CERTIFICATION OF THE ORAL &  
 19 VIDEOTAPED DEPOSITION OF GLENDAM. ADAMS, M.D.  
 20 MARCH 7, 2014

21 I, Lori A. Belvin, a Certified Shorthand  
 22 Reporter and Notary Public in and for the State of  
 23 Texas, hereby certify to the following:

24 That the witness, GLENDAM. ADAMS, M.D., was duly  
 25 sworn by the officer and that the transcript of the oral  
 deposition is a true record of the testimony given by  
 the witness;

That the original deposition was delivered to  
 MR. JEFF EDWARDS.

That a copy of this certificate was served on

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Plaintiffs' MSJ Appx. 6337

**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 all parties and/or the witness shown herein on

2 \_\_\_\_\_.

3 I further certify that pursuant to FRCP Rule  
4 30(f)(1) that the signature of the deponent:

5   X   was requested by the deponent or a party  
6 before the completion of the deposition and that the  
7 signature is to be before any notary public and returned  
8 within 30 days from date of receipt of the transcript.

9 If returned, the attached Changes and Signature Page  
10 contains any changes and the reasons therefore:

11 \_\_\_\_\_ was not requested by the deponent or a  
12 party before the completion of the deposition.

13 I further certify that I am neither counsel for,  
14 related to, nor employed by any of the parties or  
15 attorneys in the action in which this proceeding was  
16 taken, and further that I am not financially or  
17 otherwise interested in the outcome of the action.

18 Certified to by me on this, the 14th day of  
19 March, 2014.

20 

21  
22 \_\_\_\_\_  
Lori A. Belvin, CSR No. 2572  
Firm Registration No. 225  
23 Expiration Date: 12-31-2013  
7800 North Mopac, Suite 120  
24 Austin, Texas 78759  
(512) 474-4363  
25

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**GLENDA M. ADAMS, M.D. - March 07, 2014**

1 COUNTY OF HARRIS )

2 STATE OF TEXAS )

3 I hereby certify that the witness was notified  
4 on \_\_\_\_\_ that the witness has 30 days or  
5 (\_\_\_\_\_ days per agreement of counsel) after being  
6 notified by the officer that the transcript is available  
7 for review by the witness and if there are changes in  
8 the form or substance to be made, then the witness shall  
9 sign a statement reciting such changes and the reasons  
10 given by the witness for making them;

11 That the witness' signature was/was not returned as  
12 of \_\_\_\_\_.

13 Subscribed and sworn to on this, the \_\_\_\_\_ day of  
14 \_\_\_\_\_, 2014.

15  
16  
17  
18 Lori A. Belvin, Texas CSR No. 2572  
19 Firm Registration No. 225  
20 Expiration Date: 12-31-2015  
21 7800 North Mopac, Suite 120  
22 Austin, Texas 78759  
23 (512) 474-4363  
24  
25

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Plaintiffs' MSJ Appx. 6339



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA McCOLLUM, individually, and STEPHANIE KINGREY, individually and as independent administrator of the Estate of LARRY GENE McCOLLUM,

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

## EXHIBIT 272

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

.....

STEPHEN McCOLLUM, STEPHANIE	:	
KINGREY, and SANDRA McCOLLUM,	:	
individually and as heirs	:	
at law in the Estate of	:	
LARRY GENE McCOLLUM,	:	
Plaintiffs,	:	
	:	CIVIL ACTION NO.
VS.	:	
	:	3:12-cv-02037
BRAD LIVINGSTON, JEFF PRINGLE,	:	
RICHARD CLARK, KAREN TATE,	:	
SANDREA SANDERS, ROBERT EASON,	:	
THE UNIVERSITY OF TEXAS	:	
MEDICAL BRANCH and the TEXAS	:	
DEPARTMENT OF CRIMINAL JUSTICE,	:	
Defendants.	:	
	:	

.....

ORAL AND VIDEOTAPED DEPOSITION OF  
THE DESIGNATED REPRESENTATIVE OF  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH  
BY AND THROUGH  
GLENDA ADAMS, M.D.

NOVEMBER 19, 2013

.....

ORAL AND VIDEOTAPED DEPOSITION OF THE DESIGNATED REPRESENTATIVE OF THE UNIVERSITY OF TEXAS MEDICAL BRANCH BY AND THROUGH GLENDA ADAMS, M.D., produced as a witness at the instance of the Plaintiffs, and duly sworn, was taken in the above-styled and numbered cause on Tuesday, November 19, 2013, from 11:11 a.m. to 6:03 p.m., before Mary C. Dopico, Certified Shorthand Reporter No. 463 and Notary Public in and for the State of Texas, reported by machine shorthand and audio/video recording at the offices of Rebecca Sealy Hospital, 404 8th Street, Room, 4.204, Galveston, Houston, Texas, pursuant to Notice and the Federal Rules of Civil Procedure and the provisions stated on the record or attached hereto.

Stephen McCollum, et al v.  
Brad Livingston, et al

Glenda Adams, M.D.  
November 19, 2013

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Jennifer Osteen Carol Londa Bremmond

REPORTED BY: VIDEO BY:  
Mary C. Dopico, CSR, RPR, CRR Tim Bishop  
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1 diagnosis of hyperthermia.

2 Q. Do you know if that definition is different  
3 from other parts of the University of Texas Medical  
4 Branch, not the Correctional Managed Care Division?

5 A. I do not know.

6 Q. Okay. It's your -- your testimony though that  
7 UTMB, the correctional part of it, only considers a  
8 heat-related death if there is a formal diagnosis of  
9 hyper -- hyperthermia?

10 A. Correct.

11 Q. Okay. Do you -- Do you acknowledge that  
12 deaths by cardiac arrest may have heat as a contributing  
13 factor?

14 A. Yes. You're talking about all mortality?

15 Q. No. I'm asking you a specific question.

16 Do you agree that cardiac arrests that  
17 are not diagnosed as hyperthermia could be the result --  
18 could have heat as a contributing factor?

19 MR. GARCIA: Objection, speculation.

20 A. Cardiac arrest is the final cause of all  
21 deaths, so -- and, yes, heat could contribute to all  
22 cause mortality.

23 Q. (By Mr. Edwards) Heat can contribute to many  
24 more mortality findings than hyperthermia; correct?

25 A. Yes, as can cold weather and lots of other

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1 death --

2 Q. Okay.

3 A. -- that, in fact, it was for hyperthermia.

4 Q. Well, let me ask you, do you know of any  
5 changes made to UTMB policy as a result of  
6 Mr. Cardwell's death?

7 A. UTMB policy -- health services policy is the  
8 same as TDCJ's. We're obligated by contract to follow  
9 the policies they put forth.

10 Q. Do you know of any changes being made as a  
11 result of Mr. Cardwell's death?

12 MS. COOGAN: Objection, vague.

13 Go ahead.

14 A. No.

15 Q. (By Mr. Edwards) Okay.

16 A. No.

17 Q. Did UTMB make any changes as a result of  
18 Mr. Cardwell's death --

19 MS. COOGAN: Objection, calls for  
20 speculation.

21 Q. (By Mr. Edwards) -- to its policies?

22 MS. COOGAN: Same objection.

23 A. As I previously said, UTMB doesn't have  
24 separate policies.

25 Q. (By Mr. Edwards) Did UTMB or TDCJ make any

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1 which housing restrictions are placed on inmates?

2 A. Yes.

3 Q. Would you tell the jury generally how housing  
4 restrictions are made for prisoners who come to the  
5 prison?

6 A. Okay.

7 Q. Is that an okay question? I can repeat it  
8 if --

9 MS. COOGAN: Objection, vague.

10 Q. (By Mr. Edwards) Okay. Would you tell me how  
11 housing restrictions are placed -- are put into place  
12 for inmates when they come to the prison?

13 MS. COOGAN: Same objection.

14 Go ahead, Dr. Adams.

15 A. During intake, if they have a medical -- an  
16 immediate medical need for housing other than general  
17 population, they will be removed to the appropriate  
18 unit. For example, somebody in a wheelchair would be  
19 moved to a wheelchair facility.

20 Q. (By Mr. Edwards) I -- I don't mean to  
21 interrupt, but I -- but right now this is the one time  
22 where I really am very interested in the process of what  
23 happens, and then I'm going to ask -- then I'll follow  
24 up with questions like: Okay. You've mentioned the  
25 wheelchair example. Tell me how that really -- really

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1 works.

2 A. Okay.

3 Q. But you mentioned -- and I want to make sure  
4 that I -- that I -- that I have a full understanding of  
5 it, because this is my one chance to talk to the person  
6 that -- that knows here.

7 At intake, there is some sort of  
8 assessment?

9 A. At -- As soon as they arrive, they're  
10 assessed if -- for any urgent or immediate medical  
11 needs.

12 Q. Okay. So first thing, they get off the bus or  
13 however they're transported, there is some sort of  
14 assessment by some sort of medical provider at UTMB  
15 that's not TDCJ; is that correct?

16 A. Correct.

17 Q. Okay. And is that -- is that a -- a  
18 particular type of professional in the UTMB system? Is  
19 that a licensed vocational nurse? Is that something  
20 more than that? Is it --

21 A. At one time it was primarily E.M.T.s. Now it  
22 can be an L.V.N. or a certified medical assistant.

23 Q. Now, is -- is another way of saying it, now it  
24 has to be an L.V.N. or a certified medical assistant?

25 A. Generally, the screen, yes, that's who does

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1 it -- just so we're talking about the same thing here.

2 (Adams Exb. No. 8 was marked.)

3 Q. (By Mr. Edwards) Okay. That's that  
4 initial --

5 A. Yes, sir.

6 Q. Okay. All right. Now, we'll -- we'll  
7 probably talk about that in a minute, but I want to  
8 know -- Okay.

9 From that, what housing restriction -- I  
10 mean, that's a way that UTMB can accommodate people with  
11 needs by making sure that there's a restriction in place  
12 right away; is that fair?

13 MS. COOGAN: Objection, legal conclusion  
14 and terms included and vague.

15 Q. (By Mr. Edwards) Okay. Can you -- You can  
16 answer that.

17 A. Okay. If it was determined immediately that  
18 a -- a special accommodation was needed for housing,  
19 there wouldn't be an HSM-18 to complete at that time  
20 because this patient isn't in the electronic medical  
21 record. He could have been given a pass, a medical  
22 pass.

23 Q. Okay. So is that something that the initial  
24 person, though, this C.M.A. Haywood, is empowered to do?

25 A. No.

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1 Q. Who does that?

2 A. The medical provider.

3 Q. So in that situation, where there is a need  
4 for an accommodation, how does that happen?

5 A. If there is a recognized need for  
6 accommodation, the offender is referred to the medical  
7 department.

8 Q. Right away?

9 A. As soon as the form is completed.

10 Q. Okay.

11 A. Before he goes to his housing, yes.

12 Q. Okay. What I'm -- What I'm trying to --  
13 What I'm trying to make sure is that there doesn't have  
14 to be like a six- or seven-day wait before, you know,  
15 one of these needs for accommodation are -- are dealt  
16 with.

17 It can happen very quickly; right?

18 (Cell phone ringing.)

19 THE WITNESS: Pardon me.

20 MR. EDWARDS: Okay.

21 THE WITNESS: I thought I had turned it  
22 off.

23 MR. EDWARDS: It's a very -- very  
24 skillful tactic. Just kidding.

25 MS. COOGAN: And if it's a call you need

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1 Institutes of Health.

2 Q. Okay.

3 A. Okay?

4 Q. Okay.

5 A. And they periodically review certain medical

6 conditions, in this case hypertension; and they set

7 standards for diagnosis and for treatment.

8 Q. Okay. And in this particular case, I assume

9 you would tell me it was appropriate to make the change

10 to HCTZ from clonidine; correct?

11 A. Correct.

12 Q. Okay. Now, in a consequence of -- of using

13 HCTZ is that it impacts the abilities body to hydrate

14 [sic]?

15 A. HCTZ can cause some mild dehydration.

16 Q. That -- That's one of the warnings on the

17 label of HCTZ, that it does, in fact, cause the body to

18 dehydrate; correct?

19 A. I haven't read the label currently.

20 Q. Does it cause the body to dehydrate when you

21 take it?

22 A. Yes, it can.

23 Q. Okay.

24 A. Mild dehydration.

25 Q. You say "mild dehydration." What's the

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1 A. Hydrochlorothiazide is first-line treatment  
2 for mild to moderate hypertension, no matter your age.

3 Q. Whether or not you can acclimate and  
4 compensate for the dehydration would depend on the heat,  
5 your medical condition, your age, things like that;  
6 right?

7 MR. GARCIA: Objection, speculation.

8 Q. (By Mr. Edwards) If you know.

9 A. It would vary from individual situations and  
10 the patient, yes. And those are some of the factors  
11 that would be included, yes.

12 Q. Okay. All right. So I -- I guess -- Would  
13 it be your position that UTMB has in place a way to  
14 place housing restrictions or suggest housing  
15 restrictions on -- on inmates right away when they come  
16 in?

17 A. For --

18 Q. For medical conditions?

19 A. Okay. If a special accommodation is needed,  
20 yes, they can write a pass.

21 Q. So if Mr. McCollum needed to be on a bottom  
22 bunk as opposed to a top bunk because of his medical  
23 condition and weight, should that have happened at this  
24 initial intake?

25 A. Only if that need was recognized, okay, either

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1 Q. Okay. But just so I'm clear, in 2010 and  
2 2011, numerous facilities reduced the hours in which  
3 they operated medical care; correct?  
4 A. Correct.  
5 Q. Okay. Do you know if Hutchins is one of those  
6 units?  
7 A. Hutchins, they were still a 12-hour facility.  
8 Q. Are you sure?  
9 A. Yes.  
10 Q. Okay.  
11 A. They started out a 16-hour when they opened --  
12 Q. Hutchins --  
13 A. -- originally.  
14 Q. Sorry. I -- Hutchins was reduced in 2010  
15 from a 16-hour facility to a 12-hour facility, to the  
16 best of your knowledge?  
17 MS. COOGAN: Objection, speculation on  
18 the date.  
19 A. That is correct. I don't have the exact date.  
20 That was when -- Do you know which one  
21 of your questions that was? Because I talked directly  
22 to -- with the nurse manager to confirm what hours  
23 Hutchins was reduced to.  
24 MS. COOGAN: 17, maybe?  
25 Q. (By Mr. Edwards) 17 would be generally.

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1 A. No. There was a specific --

2 MS. COOGAN: 21?

3 A. There was a specific question about Hutchins.

4 Q. (By Mr. Edwards) 21.

5 A. Yes, 21. It opened in April '95 as a 16-hour  
6 facility, and it was reduced in 2011 to being a 12-hour  
7 facility.

8 Q. When in 2011?

9 A. I can't tell you for sure. Usually, it's  
10 September 1st that those kind of changes occur.

11 Q. I need to know that one. I mean, you -- you  
12 don't know whether that happened in September 1 of 2011  
13 or earlier?

14 A. I don't know the exact date. No, I do not.

15 Q. All right. Could you find that out?

16 A. I -- Yes. I suspect I can.

17 Q. Could you find that out so that Dr. Murray  
18 knows tomorrow?

19 MS. COOGAN: We'll try.

20 A. We will try.

21 Q. (By Mr. Edwards) Okay. All right.

22 Okay. In any event, the new -- the new  
23 form, rather than barrier-free -- What -- What was  
24 barrier-free? What did that mean?

25 A. That was primarily for wheelchair patients.

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1 Q. Okay. Would you agree with me on the housing  
2 restriction policy, HSM-18, and all the guidelines for  
3 completing it, there is no reference to any sort of  
4 restriction based on indoor housing temperatures and  
5 dangers thereof?

6 A. Yes.

7 Q. There -- There is reference, however, on the  
8 HM 18 -- HSM-18, which is the -- that intake form -- to  
9 restrictions on work based on temperature; is that  
10 correct?

11 A. That's correct.

12 Q. In fact, there are policies at TDCJ and UTMB  
13 relating to workplace temperatures and have been for a  
14 long time; right?

15 A. Correct.

16 Q. I assume that these policies relating to  
17 extreme temperatures in the workplace are in effect  
18 because the extreme temperatures pose dangers to the  
19 inmates; is that correct?

20 A. Extreme temperatures can -- it -- you know,  
21 provide -- cause risk if -- especially if -- for  
22 extended periods of times or under strenuous work  
23 conditions.

24 Q. Okay. Let me ask that again.

25 These policies relating to extreme

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1 number 20, yes, deals with extreme heat.

2 Q. Well, there -- there are policies about  
3 preventing and monitoring heat stress illness in the  
4 workplace; right?

5 A. Correct.

6 Q. You're familiar with that; right?

7 A. Yes.

8 Q. Okay. As -- As a doctor, don't you think  
9 that those policies are necessary?

10 A. As -- As a doctor, I think that extreme heat  
11 can be dangerous; and, yes, there -- there -- there  
12 needs to be clearly outlined, you know, safety  
13 precautions.

14 Q. Sure. Cyanide can be dangerous; right?

15 A. Correct. We don't have a policy on cyanide.

16 Q. But if you were dealing with cyanide on a  
17 daily basis, you darn well better have one; right?

18 A. Correct.

19 Q. Okay. And you deal with extreme heat in Texas  
20 on a daily basis during the summer; right?

21 A. I don't know that I could say on a daily  
22 basis; but, yes, there are a lot of hot days during the  
23 summer.

24 Q. Really hot days, far greater than 100 degrees  
25 when you do heat index; right?

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1 Now, would you agree with me that there  
2 are no policies, to your knowledge, about dealing with  
3 extreme heat inside the prison?

4 A. You mean indoors; right?

5 Q. Yes.

6 A. Okay.

7 Q. I mean indoors.

8 A. No, there is no policy that I know of.

9 Q. But the temperatures are just as hot; right?

10 A. The temperatures -- the heat index can -- I've  
11 seen where it can reach high levels, yes.

12 Q. Well, as high as the outside; correct?

13 A. Yes, sometimes even higher.

14 Q. Sometimes even higher, because you're in kind  
15 of cement or metal boxes, and it can be even higher  
16 temperature inside than outside; correct?

17 A. It probably has more to do with the number of  
18 people in the dorm in a confined space.

19 Q. That's -- You know, that's another excellent  
20 point -- point. The more people you put into a dorm,  
21 the higher the temperature is going to be; correct?

22 A. Correct, depending on the cooling method --  
23 methods that you have.

24 Q. Right. And there are no cooling methods in --  
25 at least in the Hutchins Unit; correct?

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1 not an expert to tell you who should do that analysis.

2 MR. EDWARDS: Okay. Let me object as  
3 non-responsive.

4 Q. (By Mr. Edwards) Extreme heat, as it's  
5 defined by -- by you, that has an impact on people with  
6 medical conditions; right?

7 A. Correct.

8 Q. Okay. There's a -- It has a greater impact,  
9 I believe you told me, on people with particular medical  
10 conditions like hypertension or who are on psychotropic  
11 medications or who suffer from depression or who have  
12 diabetes; right?

13 MS. COOGAN: Speculation, objection.

14 A. It can, yes.

15 Q. (By Mr. Edwards) And when you say "it can," I  
16 mean, is it more likely than not that a temp -- extreme  
17 heat temperature is going to have a greater effect on a  
18 60-year-old man who has hypertension than a 22-year-old  
19 kid --

20 MS. COOGAN: Objection --

21 Q. (By Mr. Edwards) -- without those conditions?

22 MS. COOGAN: Objection, calls for  
23 speculation.

24 MR. GARCIA: Join.

25 A. Okay. It would -- It would depend on what

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1 other medical conditions that the -- the kid had.

2 Q. (By Mr. Edwards) Sure. A healthy kid.

3 A. A healthy kid? Heat, age, okay, and  
4 hypertension and its medicines are associated with  
5 increased risks for sensitivity to heat, yes.

6 Q. There's nothing earth-shattering about that.  
7 It's just basic common sense. Any medical student  
8 should know that; right?

9 A. Well, I'm not going to testify as to what any  
10 medical student should know; but, yes, it is a bit of --  
11 it's common sense.

12 Q. Well, here's my question to you, as one of the  
13 chief people that -- the architects of UTMB with regard  
14 to the prison system. Is -- Is it fair that you are  
15 one of the people at the highest levels of UTMB with  
16 regard to the prison system, at least until you retire?

17 A. I don't think that makes me an architect; but,  
18 yes, I am.

19 Q. Well, fair enough.

20 Don't you see a problem if you're not  
21 telling TDCJ about the dangers that there -- the  
22 conditions that they're in charge of -- are causing?

23 MS. COOGAN: Objection, vague.

24 Go ahead, Dr. Adams. Tell him.

25 A. Every year UTMB tells TDCJ and its officers

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1 A. I'm -- I'm sure the ambient temperature could  
2 have been that, and they might have been working in a --  
3 in a situation to where -- but, no, I'm not aware of all  
4 the deaths in the -- in the world, period.

5 Q. Okay. Anything that you know of that would  
6 prevent you from having a policy re -- Well, strike  
7 that.

8 This -- This HSM-18 policy, that's  
9 not -- is that a correctional care managed care -- or  
10 correctional managed care committee policy, or is that a  
11 TDCJ policy?

12 A. It started out as a TDCJ policy. It was in  
13 effect before correctional managed care came into  
14 existence. Correctional managed care has made changes  
15 to it.

16 Q. So it's -- it's really a joint policy that  
17 TDCJ, UTMB are --

18 A. Currently, yes.

19 Q. -- kind of responsible for; right?

20 A. Yes. Currently, yes, sir.

21 Q. Okay. Anything that would prevent you from  
22 putting onto this policy "recommend placement in  
23 air-conditioned facility"?

24 A. Yes.

25 Q. What?

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1 A. There just aren't enough beds that are  
2 air-conditioned.

3 Q. Well, how do you think that change -- how do  
4 you think that changes?

5 MS. COOGAN: Objection, vague.

6 A. I -- I don't understand the question.

7 Q. (By Mr. Edwards) Okay.

8 A. I'm sorry.

9 Q. Is there anything that prevents you from  
10 saying: You know what? His medical condition, we would  
11 recommend an air-conditioned facility?

12 A. No. T -- TDCJ and the committee isn't going  
13 to allow us to put a -- a medical requirement or  
14 accommodation that simply is not available.

15 Q. Well, is there anything that would -- would  
16 sug -- would prevent you from putting on an  
17 accommodation like: Need to place this inmate in an  
18 air-conditioned environment for four hours a day?

19 A. Same thing. I don't know if there's  
20 air-conditioning four hours a day available. Okay?  
21 Unless TDCJ Health Services agrees for such a  
22 restriction to go on there, no, it's not -- it's not  
23 going to go on there until whatever you're recommending  
24 is actually available.

25 Q. Well, is it your -- Is it UTMB's

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1 understanding that -- that air-conditioned spaces in the  
2 Hutchins Unit are not available to be used by inmates?

3 A. Okay. K dorms are edu -- are air-conditioned  
4 at the Hutchins Unit. Okay? But you don't have that at  
5 all the intake units. And even at Hutchins, those are  
6 security utilizations. It's ad seg. It's protective  
7 custody. Those aren't medic -- cells that medical  
8 normally has an opportunity to use.

9 Q. If -- If there were -- I mean, assume with  
10 me that there were spaces that were air-conditioned that  
11 could be utilized. Okay? Would it then be a good idea  
12 to place inmates who are vulnerable to these high  
13 temperatures at least in these air-conditioned spaces  
14 for sometime during the day?

15 MS. COOGAN: Objection, speculation and  
16 incomplete hypothetical.

17 A. I -- I think that you're talking about cooling  
18 centers; correct?

19 Q. (By Mr. Edwards) Or just spaces in the -- in  
20 the prison that are air-conditioned that could be  
21 utilized.

22 A. Partic --

23 MR. GARCIA: Objection, vague.

24 A. There could be security reasons that that  
25 would not be possible.

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1 Do you know that he should -- Well,  
2 strike that.

3 He should not have been placed in a top  
4 bunk; correct?

5 MS. COOGAN: Objection, speculation.

6 A. I don't think you can definitely say that.

7 Q. (By Mr. Edwards) Was he morbidly obese?

8 A. He was mor -- He was obviously obese. He  
9 weighed anywhere from 320 -- I think at his death, he  
10 was 345 pounds.

11 Q. Do you know the definition of "morbidly  
12 obese"?

13 A. Yes.

14 Q. What is it?

15 A. A BMI greater than 40, I believe.

16 Q. Okay. Would it surprise you to learn that he  
17 did have --

18 A. This was --

19 Q. Are you sure that's the -- that that's the  
20 definition of "morbid obesity," a BMI over 40?

21 A. As best I recall.

22 Q. Okay.

23 A. I could be incorrect. I haven't looked it up  
24 recently.

25 Q. Regardless, if he meets the criteria for

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1 morbid obesity, would you agree that he should have been  
2 placed in a -- in a top bunk -- in a bottom bunk?

3 Strike that. Let me repeat that.

4 If he meets the criteria for morbid  
5 obesity, would you agree that he should have been placed  
6 in a bottom bunk?

7 A. Yes. And he would have been, if he had  
8 requested it and brought it to medical's attention.

9 Q. Okay. Well, maybe or maybe not. We don't  
10 know what would have happened if he had brought it to  
11 medical's attention; fair?

12 A. I feel fairly certain he would have been given  
13 a bottom bunk.

14 Q. He should have been given a bottom bunk if he  
15 asked for it; right?

16 A. If he asked medical for it, he would have been  
17 given a pass for a bottom bunk.

18 Q. Okay. Well, isn't it medical's responsibility  
19 to -- to do that on their own without him asking as  
20 well?

21 A. Well, the way I understand the ADA law, you --  
22 you don't get --

23 MS. COOGAN: No, no, no, no, no. He  
24 didn't ask you --

25 MR. EDWARDS: Excuse me.

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1 give him a bottom bunk.

2 Q. Okay. Now, again, I'm not a doctor. But  
3 5'10", 330 pounds, odds are they're morbidly obese;  
4 right?

5 A. Probably, unless they're an offensive lineman.

6 Q. You're right. Unless they're playing for the  
7 Dallas Cowboys, they're probably morbidly obese; right?

8 A. Probably.

9 Q. Okay.

10 MR. EDWARDS: Okay. I apologize. I'm  
11 going to have a take a -- a short break because the --

12 MS. COOGAN: Okay.

13 Q. (By Mr. Edwards) -- The water's gone through  
14 me.

15 MS. COOGAN: Okay.

16 MR. EDWARDS: Thank you very much. Let's  
17 take a five -- five-minute break if that's all right.

18 MS. COOGAN: Sure.

19 THE VIDEOGRAPHER: 2:19, off the record.

20 (Off the record from 2:19 - 2:33.)

21 THE VIDEOGRAPHER: This is video --  
22 videotape 4, 2:33, on the record.

23 Q. (By Mr. Edwards) Prior to -- and I'm looking  
24 at the Exhibit 5. Prior to the effective date of this  
25 policy, which I believe you said was October 2012, there

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1 raise as well?

2 A. Yes.

3 Q. Okay.

4 A. I think -- Yes.

5 Q. All right. These attachments on Exhibit 5,  
6 would you take a look at them, please?

7 A. Yes, sir.

8 Q. All that information was known to people at  
9 UTMB prior to the implementation of that policy;  
10 correct?

11 MS. COOGAN: Objection, calls for  
12 speculation.

13 Q. (By Mr. Edwards) Let me re-ask that.

14 On attachment -- What is Attachment A?

15 A. It's drugs associated with heat stress.

16 Q. Those drugs associated with heat stress on  
17 that particular attachment, that's been long known to  
18 UTMB; correct?

19 A. It's --

20 MS. COOGAN: Same objection.

21 Go ahead, Dr. Adams.

22 A. Okay. It's been -- It's been in the policy  
23 for a long time.

24 Q. (By Mr. Edwards) Yeah.

25 A. For UTMB.

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1                   The references on Attachment A, do you  
2 believe that the references are materials that are  
3 accurate and could provide guidance to us about the  
4 effects of drugs and heat stress, or do you have any  
5 reason to question the accuracy of those articles?

6           A.    I cannot say that I have actually read all  
7 these articles.   Okay?

8                   But I don't have any personal reason to  
9 doubt the accuracy of these articles.

10          Q.   Who authored that -- this policy?

11          A.   Who authored it?

12          Q.   It's the correctional managed health care  
13 policy manual; right?

14          A.   Correct.

15          Q.   Are you on the committee that -- that prepared  
16 this?

17          A.   Yes.

18          Q.   All right.   Look at Attachment B.

19                   Would you read Attachment B for the jury?

20          A.   It's Comorbidities That May Affect Heat  
21 Tolerance.

22          Q.   Would you expect any competent medical  
23 provider to be aware of that -- and let -- let's change  
24 that.

25                   Would you expect any competent medical

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1 provider in a correctional facility to be aware of those  
2 comorbidities?

3 A. Yes.

4 Q. Okay. Were these well known to UTMB before  
5 2007?

6 MS. COOGAN: Objection, calls for  
7 speculation.

8 MR. EDWARDS: It actually doesn't.

9 MS. COOGAN: It's just the word "well."  
10 When you enhance it, it makes it harder.

11 A. I think most medical practitioners would  
12 recognize those as conditions that can negatively impact  
13 heat tolerance.

14 Q. (By Mr. Edwards) They're comorbidities that  
15 may affect heat tolerance; right?

16 A. Correct.

17 Q. These were well -- These were known to UTMB  
18 before 2005; correct?

19 A. They were in the policy, yes.

20 Q. Okay. UTMB's known -- known about this  
21 certainly since you were working there; right?

22 A. Yes.

23 Q. Okay. Any of the references -- Have you read  
24 any of the references that support the policy?

25 A. I believe that I've read 1 and 2.

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1 any -- do with the amount of resources. Okay?

2 Q. (By Mr. Edwards) Okay.

3 A. If it's --

4 Q. So --

5 A. If it's medically necessary for someone to be  
6 in air-conditioning, we will place them in  
7 air-conditioning. We will -- in one of our medical  
8 beds. Okay? But if --

9 Q. Do you know the dangers associated with -- Do  
10 you know the process of acclimating from cool  
11 temperatures to really hot temperature?

12 A. Yes, I do.

13 Q. Okay. Do you know that that poses a  
14 particular danger to people with hypertension who are --  
15 or who are older?

16 A. Yes, I do.

17 Q. Do you know that that's -- Do you know that  
18 by law county jails are -- are air-conditioned?

19 A. Yes, I do.

20 Q. So you know that people are coming from  
21 air-conditioned facilities and are thrown into  
22 temperatures that are much hotter and endanger them;  
23 correct?

24 MS. COOGAN: Objection --

25 MR. GARCIA: Objection --

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1 MS. COOGAN: -- calls for speculation.

2 MR. GARCIA: Join.

3 A. I know that the -- that they are coming into  
4 you un-air-conditioned TDCJ facilities, yes.

5 Q. (By Mr. Edwards) Okay. And that process puts  
6 them in possible risk; correct?

7 MS. COOGAN: Objection, calls for  
8 speculation.

9 A. Depending upon the patient and the conditions,  
10 the duration of exposure, that sort of time, yes, it  
11 can.

12 Q. (By Mr. Edwards) Until they acclimate their  
13 bodies, they're at an increased risk; correct?

14 MS. COOGAN: Speculation.

15 Q. (By Mr. Edwards) Of harm to them?

16 MS. COOGAN: Speculation.

17 Q. (By Mr. Edwards) It is not speculation.  
18 You're a doctor.

19 A. Individuals that are exposed to increased heat  
20 are at increased risk until they acclimate.

21 Q. Right. And a 22-year-old kid, it takes him  
22 time to acclimate; right?

23 A. It takes everybody time to acclimate.

24 Q. Right. And one of the problems with the heat  
25 vulnerable population -- people with hypertension who

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1 Q. Okay. So it's UTMB's testimony that  
2 hypertension does not increase the risk for -- for heat  
3 illness?

4 A. I didn't say that. I'm saying it is a risk  
5 factor. Okay?

6 Q. Okay.

7 A. Particularly if it's poorly controlled or long  
8 standing. But simple, well-controlled hypertension,  
9 people still work in the heat.

10 Q. Okay. Fine.

11 Okay. Do you consider people with  
12 hypertension in the free world able to do whatever they  
13 want to do whenever they want to do it the same -- the  
14 same as people who are under the custody and supervision  
15 of a correctional facility?

16 MS. COOGAN: Objection, incomplete  
17 hypothetical when you say "hypertension" when she has  
18 distinguished between controlled and not controlled,  
19 speculation and vague.

20 Q. (By Mr. Edwards) You can answer my question.

21 A. Could you repeat it, please?

22 Q. Yeah. Do you -- I mean, do you see any  
23 differences between, you know, a guy working on the ship  
24 channel, free to go home and watch television on the  
25 couch in an air-conditioned home, and someone with

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1 MS. COOGAN: -- calls for speculation.

2 MR. GARCIA: Join.

3 A. I know that the -- that they are coming into  
4 you un-air-conditioned TDCJ facilities, yes.

5 Q. (By Mr. Edwards) Okay. And that process puts  
6 them in possible risk; correct?

7 MS. COOGAN: Objection, calls for  
8 speculation.

9 A. Depending upon the patient and the conditions,  
10 the duration of exposure, that sort of time, yes, it  
11 can.

12 Q. (By Mr. Edwards) Until they acclimate their  
13 bodies, they're at an increased risk; correct?

14 MS. COOGAN: Speculation.

15 Q. (By Mr. Edwards) Of harm to them?

16 MS. COOGAN: Speculation.

17 Q. (By Mr. Edwards) It is not speculation.  
18 You're a doctor.

19 A. Individuals that are exposed to increased heat  
20 are at increased risk until they acclimate.

21 Q. Right. And a 22-year-old kid, it takes him  
22 time to acclimate; right?

23 A. It takes everybody time to acclimate.

24 Q. Right. And one of the problems with the heat  
25 vulnerable population -- people with hypertension who

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1 are taking diuretics, people on psychotropic meds,  
2 people with diabetes -- is that it's very hard for them  
3 to acclimate to the new hot temperature; correct?

4 A. There are increased difficulties acclimating.

5 Q. Okay. That's a problem that -- that UTMB  
6 knows about and knew about before Mr. McCollum came into  
7 the Hutchins Unit; correct? Or an issue?

8 MS. COOGAN: Objection, vague and  
9 speculation.

10 A. I -- I believe that everyone knows that there  
11 could possibly be a problem with going from an  
12 air-conditioned environment into a non-air-conditioned  
13 environment, yes.

14 Q. (By Mr. Edwards) In light of that problem,  
15 isn't it really important to monitor the people who are  
16 coming in for, you know, four or five days to make sure  
17 they're not having problems acclimating?

18 MS. COOGAN: Objection, vague, "monitor."

19 A. They are monitored by the se -- security staff  
20 that's in the -- in the housing areas.

21 Q. (By Mr. Edwards) And -- And your training  
22 talks about the problems of -- of acclimating and the  
23 need to monitor these -- the people who just come in?

24 A. That -- that just come in?

25 Q. From air-conditioned county jails?

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1 heatstroke or heat exhaustion unless they're really  
2 monitored in a way that's different.

3 And I'll withdraw all that. That's just  
4 the preface. Okay? All right?

5 You've got -- You've got an intake that  
6 happens where you do it right away; right? Right off  
7 the bus, people get intakes; right -- or not intake.

8 MR. GARCIA: Objection, asked and  
9 answered.

10 Q. (By Mr. Edwards) You've got a system where  
11 there's -- there's some -- some -- some anal -- some --  
12 some evaluation of a patient by a certified medical  
13 assistant or a -- or an L.V.N.; right?

14 MR. GARCIA: Objection, asked and  
15 answered.

16 A. Okay. Yes, they are screened. They're also  
17 given information on how to access medical care should  
18 they have any problems.

19 Q. (By Mr. Edwards) To your knowledge, are they  
20 told about the dangers of acclimating from cold to hot  
21 temperatures?

22 MS. COOGAN: Objection, calls for  
23 speculation.

24 A. I'm un -- unsure of what they're told.

25 Q. (By Mr. Edwards) Is it the policy of UTMB to

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1 tell inmates who are coming in about the dangers of  
2 acclimation from cold temperatures or cool temperatures  
3 to the hotter temperatures in the summer?

4 A. They are not told -- told at intake, that I'm  
5 aware of; but they are -- there is annual training for  
6 the offenders at -- at the -- to where they're --  
7 they're also included, if you look in the sign-in list.

8 So there are other offenders there who  
9 are -- are aware.

10 Q. Do you know if Mr. McCollum was given any  
11 training by UTMB or TDCJ on this issue?

12 A. No, but I don't think it takes training to  
13 know if you're feeling bad.

14 Q. Well, that's not my question, though; is it?

15 My question is: Was he given any  
16 training about the dangers of acclimation that you  
17 talked about?

18 A. I do not know.

19 Q. Okay. Would it be -- And there's no policy  
20 from UTMB or TDCJ or anybody else instructing these  
21 first-line medical providers what to tell inmates; is  
22 there?

23 A. No policy.

24 Q. Okay.

25 A. Actually, any time at intake or as they move

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1 A. If possible. There are situations where that  
2 isn't possible.

3 Q. (By Mr. Edwards) If it's possible, he should  
4 have been moved to a cooler place; right?

5 A. If possible, yes.

6 Q. Sure. Okay.

7 Then it says: Heatstroke, it's a true  
8 medical emergency.

9 A. True.

10 Q. And then one -- one of the things it says here  
11 is that: Coma, paralysis and death can follow if  
12 emergency treatment is not immediately given. Is that  
13 true?

14 A. The prognosis is worse if the -- if the  
15 condition goes on for longer than two hours, yes.

16 Q. Well, no.

17 MR. EDWARDS: Let me -- Let me object as  
18 non-responsive because that's not the question I -- I  
19 asked you at all.

20 A. Okay.

21 Q. (By Mr. Edwards) Okay. The question I asked  
22 you is this says: Coma, paralysis and death can follow  
23 if emergency treatment is not immediately given.

24 Do you agree with that?

25 A. Yes. Emergency measures need to be taken as

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1 soon as possible.

2 Q. Immediately; right?

3 A. That's as soon as possible.

4 Q. Okay. Now, with regards to treatment of  
5 heatstroke, it looks like that the -- the training is  
6 that the patient needs to be removed from external  
7 source -- sources of heat; is that correct?

8 A. Yes.

9 Q. Clothing needs to be removed; is that correct?

10 A. (Nods head affirmatively.) If possible, yes.

11 Q. If possible. And they need -- and you need to  
12 promote evapor -- evaporative cooling by applying cool  
13 or iced water to the entire skin. Is that correct?

14 A. Most the time we like to use tepid; but, yes,  
15 you can use ice water.

16 Q. Well, my understanding is that you -- you  
17 ought to, if you can, pack somebody in ice if they're --  
18 if they're suffering a heatstroke. Is that your  
19 understanding as well?

20 A. We usually put ice, if it's available, in the  
21 armpits, groin, neck and under the knees. Some  
22 situations you can do ice water submersion, but that's  
23 not done very often because it's so difficult.

24 Q. It's more practical to have ice available to  
25 pack the areas you just talked about; right?

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1 non-responsive.

2 Q. (By Mr. Edwards) They should have used ice on  
3 Mr. McCollum --

4 MS. COOGAN: Objection --

5 MR. GARCIA: Object --

6 MS. COOGAN: -- incomplete hypothetical.

7 Q. (By Mr. Edwards) -- is that correct?

8 MR. GARCIA: And objection, speculation.

9 A. Only if they recognized that he was having a  
10 heatstroke.

11 Q. (By Mr. Edwards) And the whole point of the  
12 training is that you train people to recognize that  
13 people are having heatstrokes; right? That's the point  
14 of the training?

15 A. There -- The point of the training is to  
16 recognize that someone is having a heatstroke. Okay?  
17 That doesn't, you know, always happen. It's not always  
18 very obvious that someone is having a heatstroke.

19 Q. Does UTMB consider a seizure a serious medical  
20 condition?

21 A. Seizure disorder is --

22 Q. No. Please. Does UTMB consider a seizure to  
23 be a serious medical condition?

24 MS. COOGAN: Objection, vague; undefined;  
25 calls for speculation; incomplete hypothetical.

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1 Answer the best you can.

2 A. It depends on what you mean by "seizure."

3 Okay?

4 Q. (By Mr. Edwards) How so?

5 A. Some individuals with known seizure disorders  
6 have very short seizures. Okay. And, medically, all  
7 that you need to do is to make certain that they don't  
8 harm themselves, place them on the side so that they  
9 don't aspirate, and allow them time to awaken from the  
10 postictal, or sleepy state, after a seizure. There --  
11 That's one.

12 There -- Other seizures can be quite  
13 serious, and it's an emergency situation that needs to  
14 be handled immediately.

15 Q. Okay. Let me -- Let's discuss the -- the  
16 person with a seizure disorder who just has a serious.  
17 That's serious; right?

18 A. Seizure disorders are a serious medical  
19 condition --

20 Q. Sure.

21 A. -- yes.

22 Q. If I have a seizure disorder and I have a --  
23 what -- you know, an easy-going seizure and I convulse  
24 and then I -- you know, and -- That's still a  
25 significant issue that needs to be dealt with; correct?

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1 A. Correct.

2 Q. It's not for a correctional office -- I mean,  
3 is a correctional officer equipped to diagnose the  
4 difference between, you know, a -- an -- an easier -- a  
5 less violent seizure and a more violent seizure?

6 A. No.

7 Q. Off course not; right? You have to be trained  
8 to do that; right?

9 A. Trained or have knowledge of seizure  
10 disorder --

11 Q. Sure.

12 A. -- because you or somebody in your family --

13 Q. Sure.

14 A. -- has it.

15 Q. Okay. Now, you know, just to follow up on  
16 what Ms. Coogan was talking about, you know, convulsions  
17 in which a person is not responsive for extended periods  
18 of time, that sounds serious to me. Would you agree  
19 with that?

20 A. Yes.

21 Q. Okay. Someone with a heatstroke, you need to  
22 get them to an emergency room as fast as possible;  
23 right?

24 A. Yes.

25 MS. COOGAN: Are you okay? Need a break?

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1 depend on -- not necessarily, no.

2 Q. Okay. It seems to me like -- Is -- Are  
3 those determinations made during the intake physical?

4 A. Those determinations are made at -- during the  
5 intake physical, and each time -- they're reviewed each  
6 time a pa -- an offender moves from one facility to  
7 another.

8 Q. Okay. Now, my understanding of, you know,  
9 once -- once the initial review is done by that  
10 certified medical assistant or -- or nurse, that  
11 eventually UTMB sees the prisoner for an actual intake  
12 physical, where the P.A. or a doctor actually sees them  
13 and looks them over; is that correct?

14 A. That's correct.

15 Q. Okay. And the -- Is there a -- Is there a  
16 time in which UTMB expects this to occur?

17 A. It's expected to occur within seven days.

18 Q. Okay. Why did they pick seven days?

19 A. Because there is a lot of variables that can  
20 interfere with seeing them sooner. One of the major  
21 ones is we have an electronic medical record that has to  
22 be populated that usually takes at least 24 to 48 hours,  
23 sometimes longer.

24 There also are other documents, past  
25 medical records and -- and things like that that may

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1 have to be obtained. And a lot of these offenders are  
2 busy going through other processes, security processes,  
3 that have to be done when they come in.

4 Q. Okay. So apparent -- apparently there's  
5 records that might have to be ordered, there's your own  
6 electronic database, and there's some other security  
7 issues that you really have nothing to do with. That --  
8 that's the reason why you guys have picked seven days?

9 A. The se -- yes.

10 Q. Okay. Is there anything medically relevant to  
11 seven days?

12 A. Not that I am aware of, no.

13 Q. It's just a bureaucratic decision?

14 A. Correct.

15 Q. Do you know if Mr. McCollum received an intake  
16 physical?

17 A. He did not.

18 Q. Now, I -- I think you told me that -- that  
19 you had read reports that Mr. McCollum was not eating,  
20 was not drinking, and was sick; is that correct?

21 A. I read some of the statements from other  
22 offenders that said that.

23 Q. Okay. Based on your review of that and then  
24 seeing what happened to him, does that sound consistent  
25 with what occurred with Mr. McCollum?

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1 that cups were not available to inmates who were  
2 newly-arrived, would you have recommended to TDCJ: Hey,  
3 you ought to give cups to people so that they can access  
4 water more easily?

5 MS. COOGAN: Speculation.

6 Go ahead.

7 A. I would have contacted TDCJ Health Services  
8 and informed them of the situation.

9 Q. (By Mr. Edwards) And what would you have  
10 expected TDCJ Health Services to have done?

11 A. They would have then contacted the security at  
12 the Hutchins Unit and -- and discussed it with them.  
13 Medical things tend to go through TDCJ Health Services.

14 Q. All right.

15 Oh, the intake physical that one gets  
16 from UTMB medical providers --

17 A. Uh-huh.

18 Q. -- is that more involved than that initial  
19 what -- the -- the initial kind of meeting with the  
20 certified medical assistant when they get off the bus?

21 A. Yes. It's a -- a complete physical exam.

22 Q. So a complete -- Would it -- You know, would  
23 it detect -- I mean, if someone was sick or fatigued,  
24 is -- would that be a place where that could be  
25 recognized or spotted by a trained certified medical

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1 fountains particularly difficult; but, yes, I have a  
2 cup.

3 Q. (By Mr. Edwards) Of water, right?

4 A. Correct.

5 Q. Okay. When you're telling -- if -- if, for  
6 instance, you tell people: Hey, drink lots of water,  
7 wouldn't it be important for you to know whether or not  
8 TDCJ is making available a cup to an inmate?

9 A. I would have no reason to assume they weren't  
10 providing access to water.

11 Q. Neither would I, but I have learned in this  
12 case that they weren't making cups available to the  
13 newly-arrived inmates. Okay?

14 Do you -- Do you know that to be true?

15 A. No, I do not.

16 Q. Okay. Would it surprise you if it were true?

17 A. If they didn't have another means for them to  
18 drink water, yes.

19 Q. Okay. I suppose you could go to a sink and  
20 stick your -- your mouth under and -- and access water;  
21 right? That's one way, I guess, you could do it; right?

22 A. I guess you could do it, yeah.

23 Q. Okay. Not having a cup, though, it makes it  
24 harder to access water at the Hutchins Unit; right?

25 MR. GARCIA: Objection, speculation.

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1 Q. (By Mr. Edwards) If --

2 A. I don't know what's available at -- in -- in  
3 the Hutchins living areas. I -- I don't know if there  
4 are water fountains. I don't know if there are paper  
5 cups. I -- I just -- I don't know.

6 Q. Okay. All right. Well, if you don't know,  
7 you don't know.

8 I'll represent to you that there weren't  
9 cups available to Mr. Hutchins [sic].

10 A. Okay.

11 Q. Okay?

12 MR. GARCIA: Do you mean Mr. McCollum?

13 MR. EDWARDS: Yeah. I'm terrible about  
14 that. Thank you, Bruce.

15 Q. (By Mr. Edwards) I'll represent to you that  
16 Mr. McCollum didn't have access to a cup.

17 A. Okay.

18 Q. Should he have, at least from a medical  
19 standpoint?

20 MS. COOGAN: Objection, calls for  
21 speculation.

22 Go ahead, Doctor.

23 A. He should have had access to water and a --  
24 and a means to acquire that water, yes.

25 Q. (By Mr. Edwards) All right. Had you known

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1 medically -- Okay. Facility of assignment, no  
2 restriction -- if they required one of the other -- 3,  
3 that's the default. Medical can request -- at the time  
4 in 2011 -- could request a barrier-free facility, a  
5 single-level facility; and then, of course, they would  
6 mark if they were suitable for the trustee camp.

7 Q. Okay. Let me -- if -- if you wanted to  
8 suggest that a person be placed in an air-conditioned  
9 facility, you could; correct?

10 MS. COOGAN: Objection, vague.

11 Go ahead.

12 A. Actually, what would happen is -- if you'll  
13 look at the handout I gave you --

14 Q. (By Mr. Edwards) Uh-huh.

15 A. -- where there's an outline, it says that  
16 health services doesn't reassign units because of a need  
17 for air-conditioning.

18 If there is -- If it's medically  
19 necessary, as I've said so many times before, then we  
20 move them to a medical facility. There are instances  
21 where we could ask security if they have available  
22 air-conditioned housing, if a patient could be put there  
23 temporarily until they are moved to a medical facility;  
24 and they might or might not be able to accommodate us.

25 Q. Okay. So you can do it. Whether or not it's

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1 effective and actually results in placement in  
2 air-conditioning, you know -- Well, strike that.

3           You can request air-conditioning if you  
4 want to.

5           A. That's not going to work. Okay? It's not if  
6 you want to. It's if it -- it's medically necessary and  
7 then only temporarily until we transfer them to a  
8 medical facility.

9           Q. Well, if it's medically necessary, you have  
10 to; right? It's not a choice. You have to get them  
11 into air-conditioning; right?

12          A. Right.

13          Q. Okay. If it's medically beneficial, you could  
14 request it; and then it's up to TDCJ whether or not  
15 they -- they follow through on it; correct?

16          A. It's not something you can select on this  
17 (Indicating). What would happen is they would refer you  
18 to health services liaison, and health services liaison  
19 would tell the provider: If he needs air-conditioning,  
20 you need to put him in a medical facility.

21               They -- They've clearly stated they  
22 won't reassign the patient based on -- on that need.

23          Q. So, U -- TDCJ has told UTMB: We are not  
24 moving people based on air-conditioning -- based --  
25 based on air-conditioning being beneficial for them; is

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1           A.    This is taken directly from the most recent  
2 health services liaison facility types lists that is  
3 sent out whenever there is a change of available  
4 housing, and it states that: Health services liaison  
5 cannot request reassignment of offender to an  
6 air-conditioned or climate-controlled facilities.  
7 Providers requesting reassignment of offenders to this  
8 type of environment should be referred to their  
9 utilization review management department for inpatient  
10 placement.

11           Q.    That doesn't apply to medically necessary  
12 conditions that require climate control, or does it?

13                   MS. COOGAN: You can answer the question.

14           A.    Okay. I -- I don't think I understand.

15                   This doesn't apply to medical?

16           Q.    (By Mr. Edwards) Okay. I guess what you're  
17 telling me is: Look, if UTMB determines that it's  
18 medically necessary for someone to have a climate-  
19 controlled housing --

20           A.    Uh-huh.

21           Q.    -- they do it. They request that; correct?

22           A.    Yes.

23           Q.    Okay. So, you know, one of the issues, I  
24 guess, is you don't think Mr. McCollum met the criteria  
25 to be -- to be medically -- that he medically needed

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1 A. He actually went to the medical department on  
2 the -- not only on the 15th and saw -- but he was also  
3 in the medical department on the 18th.

4 Q. (By Mr. Edwards) Okay.

5 A. He could have, you know, asked to see someone  
6 then.

7 Q. So -- So you would be critical of  
8 Mr. McCollum?

9 A. Absolutely not. I'm just saying he could have  
10 if he had felt bad and wished to be seen by medical.

11 Q. Okay. All right. Okay.

12 Oh, this air-conditioned  
13 climate-controlled facilities policy that we're learning  
14 about today, when did that go into effect?

15 A. It's -- It's been in effect all along.

16 It was only put into writing fairly  
17 recently with one of the newer health services liaison  
18 facility type lists that were put out.

19 Q. When did it actually go into effect in  
20 writing?

21 A. In writing? Just recently. It's been in  
22 effect, it's been understood, for as long as I've been  
23 with TDCJ.

24 Q. Did anyone actually tell you that?

25 A. Yes.

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Glenda Adams, M.D.  
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1 Q. Okay. Who?

2 A. Phyllis McWhorter in health services liaison.  
3 She's the one that I frequently work with in order to  
4 find -- make accommodations for offender patients.

5 Q. So she told you: Look -- She told you the  
6 sum and substance of this, which is called  
7 air-conditioned climate-controlled facilities; right?

8 A. Yes.

9 Q. Okay.

10 A. We've known that for a long time.

11 Q. Okay. Did she specifically tell you that?

12 A. Yes. We've discussed it.

13 Q. Okay. When would a prisoner have a single  
14 cell restriction?

15 A. Some psychiatric patients are single-celled.  
16 Some patients with infectious diseases are  
17 single-celled.

18 Q. That's a restriction that T -- UTMB makes?

19 A. Yes.

20 Q. When would a prisoner have a cell block only  
21 restriction?

22 A. Those that are psychiatrically not suitable  
23 for dormitory housing.

24 Q. That, again, is a decision that UTMB makes;  
25 right?

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Glenda Adams, M.D.  
November 19, 2013

1 A. Yes. It's a restriction that we apply to the  
2 HSM-18.

3 Q. And even if -- even if there weren't available  
4 psych beds, it's still a restriction that you would  
5 expect TDCJ to follow; correct?

6 A. What?

7 Q. Even if there weren't available cell block  
8 only placements, you would still expect TDCJ to follow  
9 it to make -- to make that stuff available; right?

10 A. There's no shortage of cell blocks -- I mean,  
11 there is, because they're frequently at capacity; but  
12 they will find a way to single cell somebody if  
13 necessary.

14 Q. You would ex -- you -- they have to find a  
15 way; right? Because you're telling them: Look, this is  
16 a restriction that they need; right? From a medical  
17 standpoint?

18 A. Yes.

19 Q. Okay. And if -- Look. It appears -- Is --  
20 Is the debate that we seem to be having, you -- you  
21 don't think: Look, air-conditioned or  
22 climate-controlled housing, that's not medically  
23 necessary for people with similar traits to  
24 Mr. McCollum; right?

25 A. It's medically appropriate. Okay. Perhaps

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November 19, 2013

1 that you would consider; right?

2 A. The -- Of putting someone on -- on the heat  
3 lists?

4 Q. Yeah -- No. No. On the work -- workplace  
5 restriction; right?

6 A. Not necessarily.

7 Q. Right. Because you've got to figure out  
8 whether it's controlled or not; right?

9 A. Well, correct; but those heat lists are  
10 relatively new. Are you talking about the new ones?

11 Q. Yeah. Well, tell -- tell me when they came  
12 into being, from your understanding.

13 A. Okay. Lists of people with specific  
14 restrictions have been around since I've been with TDCJ.  
15 Okay?

16 Q. Workplace restrictions.

17 A. They're -- They're -- Yes. They're --  
18 Complete the HSM-18, it goes into their computer system  
19 FORVUS, and they can print out lists of who has what  
20 restrictions.

21 Q. My question, though, is: When do you recall  
22 these heat lists being implemented?

23 A. I didn't find out these heat lists -- I  
24 didn't find out about these heat lists until May of  
25 2013.

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1 Q. Okay. And you were, again, the dir -- you  
2 were the director of medical care for an entire region?

3 A. Okay. These heat lists were a TDCJ project.  
4 They did not involve UTMB leadership.

5 Q. Okay. So first you heard about any -- any  
6 heat list at a -- at a facility May 2013.

7 A. The first I read about the heat list was when  
8 doc -- I think it was Mr. Stephenson put out his 2013  
9 heat notice.

10 Q. Okay.

11 A. It wasn't clear to me at the time that UTMB  
12 was involved with creating these heat lists. I assume  
13 TDCJ was getting these lists out of FORVUS, combined  
14 with the list of new intake offenders. I only found out  
15 towards the end of May that the wardens were having  
16 medical create lists.

17 Q. Okay. So you found out in May of 2013 that  
18 wardens would have the med -- the -- the onsite medical  
19 create lists of people who they thought would be  
20 vulnerable to heat so that they could be better  
21 monitored?

22 A. The wardens at various units were having it  
23 done different ways. Okay? Medical was involved at  
24 some of the units that I asked about it, classification  
25 at -- at other units. But the lists were essentially

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November 19, 2013

1 information that TDCJ already had, the FORVUS list and  
2 the intake list.

3 Q. Okay. I'm just trying to figure out how it --  
4 how it got implemented and how it got implemented  
5 without you knowing about it?

6 A. I find that interesting, also.

7 Q. Why? Why?

8 A. It would be speculation for me to say why --

9 Q. Well --

10 A. -- why I -- what I think.

11 Q. Would you tell me what you think even if it is  
12 speculation?

13 MS. COOGAN: I -- I would not recommend  
14 that you do that.

15 THE WITNESS: Okay.

16 Q. (By Mr. Edwards) Why do you think it --

17 MS. COOGAN: Objection, vague.

18 A. I think I was just told not to answer; wasn't  
19 I?

20 Q. (By Mr. Edwards) Well, I don't think --

21 MS. COOGAN: Objection, vague.

22 A. Because it's speculation.

23 MR. EDWARDS: Are you going to instruct  
24 her not to answer?

25 Q. (By Mr. Edwards) I would like to know why you

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Glenda Adams, M.D.  
November 19, 2013

1 Q. Is it important for the person doing the  
2 intake -- and I forget if it was Ms. Haywood or  
3 Ms. McKinney. It's important for those -- those people  
4 to accurately take notes as to people's conditions;  
5 correct?

6 A. Yes. It's important that that document is  
7 correct.

8 Q. Okay. Now, I don't -- Did that form indicate  
9 that Mr. McCollum had a history of diabetes?

10 A. He indicated he had a history of diabetes. He  
11 did not indicate that diabetes was a current problem.

12 Q. Okay.

13 MR. EDWARDS: Let me object as  
14 non-responsive.

15 Q. (By Mr. Edwards) Just on this -- That form  
16 indicated he had a history of diabetes; is that correct?

17 A. Correct.

18 Q. Did that form indicate he had high blood  
19 pressure?

20 A. I need to look at it. I be -- I believe that  
21 it did.

22 Q. Okay.

23 A. But his form from the county jail definitely  
24 indicated he had high blood pressure.

25 Q. Okay.

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1 A. I believe he did list hypertension, yes. I'm  
2 pretty sure.

3 Q. Is high blood pressure the same thing as  
4 hypertension?

5 A. Yes. It's a layman's term for hypertension.

6 Q. And depression, is that on that form?

7 A. I believe that, yes, he did list depression.

8 Q. Is there any reason you know of why you  
9 couldn't use this particular form to identify people  
10 with heat-sensitive conditions?

11 A. Actually, we do.

12 Q. So no reason you couldn't have done it  
13 forever; right?

14 MS. COOGAN: Objection, vague.

15 A. I -- I don't -- I -- I don't understand.

16 Q. (By Mr. Edwards) You know --

17 A. What do you mean "done it forever"?

18 Q. Well, you -- you just told me you do use that  
19 form to identify people with heat-sensitive conditions;  
20 right?

21 A. Correct.

22 Q. Okay. Okay. Do you -- Do you know that  
23 Mr. Mc -- have you reviewed records that indicate that  
24 Mr. McCollum's cellmate said that he was a diabetic?

25 A. In the OI -- OIG report, I believe there is a

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1 Q. All right. How does hypertension affect the  
2 circulatory system?

3 MS. COOGAN: Objection. You're back to  
4 the 23, 24 and 25 that the judge --

5 MR. EDWARDS: Oh, okay.

6 (INSTRUCTION NOT TO ANSWER.)

7 Q. (By Mr. Edwards) Well, all right. If I ask  
8 you any questions about the effects of hypertension or  
9 diabetes or depression, you're just not going to answer  
10 them based on counsel; fair?

11 A. At this time, yes.

12 Q. Okay. Do you consider obesity a medical  
13 condition? Morbid obesity?

14 A. Yes.

15 Q. It can limit physical activity?

16 A. It can, yes.

17 Q. It can affect breathing of people?

18 A. Yes, it can.

19 Q. It can affect people's ability to walk or to  
20 run; correct?

21 A. It can.

22 Q. It can even affect people's ability to stand  
23 up; right?

24 A. If they're obese enough, yes.

25 Q. Okay. Do you know if it was safe to house

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1 secure -- Security determines what their policy and  
2 procedure is on that.

3 Q. Okay. Would you consider it to be dangerous  
4 if there was a requirement at the Hutchins facility --  
5 if that only supervisors could initiate 9-1-1 calls?

6 MS. COOGAN: Objection, calls for  
7 speculation; incomplete hypothetical.

8 Go ahead, Dr. Adams.

9 A. Again, I wouldn't know because I don't know  
10 how quickly a supervisor would be available.

11 Q. (By Mr. Edwards) When dealing with medical  
12 emergencies, time is of the essence; fair?

13 A. Correct.

14 Q. Heatstroke --

15 A. Often.

16 Q. -- is -- Okay.

17 Heatstroke, you -- you need immediate  
18 treatment?

19 A. You need treatment as soon as possible, yes.

20 Q. Right. Okay.

21 Has anyone from UTMB, to your knowledge,  
22 ever discussed the medical benefits of climate control  
23 or air-conditioning with Executive Director Livingston,  
24 to your knowledge?

25 A. To my knowledge, I don't know.

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1	CHANGES AND SIGNATURE			
2	WITNESS: THE DESIGNATED REPRESENTATIVE OF THE			
3	UNIVERSITY OF TEXAS MEDICAL BRANCH			
4	BY AND THROUGH GLENDA ADAMS, M.D.			
5	DATE: NOVEMBER 19, 2013			
6	PAGE	LINE	CHANGE	REASON
7	<u>26</u>	<u>20</u>	<u>OREG TO ORIG</u>	<u>INCORRECT SPELLING</u>
8	<u>30</u>	<u>20</u>	<u>"TDCJ" TO "UTMB"</u>	<u>MISSPOKE</u>
9	<u>30</u>	<u>22</u>	<u>UTMB HAS CONTRACT WITH "TDCJ"</u>	<u>MISSPOKE</u>
10	<u>40</u>	<u>15</u>	<u>TO PROVIDE HEALTHCARE</u>	
11	<u>168</u>	<u>17</u>	<u>"DID HE NOT" TO "HE DID NOT"</u>	<u>CLARITY</u>
12	<u>176</u>	<u>10</u>	<u>176,000 should be 156,000</u>	<u>MISSPOKE</u>
13	<u>185</u>	<u>20</u>	<u>"time" should be "thing"</u>	<u>? MISSPOKE</u>
14	<u>219</u>	<u>11</u>	<u>ZAPATA SHOULD be ZEPEDA</u>	<u>INCORRECT SPELLING</u>
15	<u>220</u>	<u>20</u>	<u>"WATER" SHOULD be "diuretic"</u>	<u>? MISSPOKE</u>
16	<u>234</u>	<u>1</u>	<u>"EMR" SHOULD be "MAR"</u>	<u>? MISSPOKE v TYPO</u>
17	<u>290</u>	<u>24</u>	<u>"distance" should be "defect"</u>	<u>? TYPO</u>
18			<u>SHOULD BE "THIS IS NOT"</u>	<u>MISSPOKE v TYPO</u>
19				
20				
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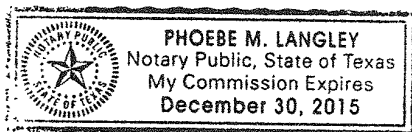
I, GLENDA ADAMS, M.D., have read the foregoing  
deposition and hereby affix my signature that same is  
true and correct, except as noted above.

Glenda Adams, M.D.  
GLENDA ADAMS, M.D.

THE STATE OF Texas :  
COUNTY OF Montgomery :

Before me, Phoebe M Langley,  
on this day personally appeared GLENDA ADAMS, M.D.,  
known to me or proved to me on the oath of  
\_\_\_\_\_ or through \_\_\_\_\_  
(description of identity card or other document) to be  
the person whose name is subscribed to the foregoing  
instrument and acknowledged to me that he\she executed  
the same for the purpose and consideration therein  
expressed.

Given under my hand and seal of office on this  
30<sup>th</sup> day of December, 2013.



Phoebe M. Langley  
NOTARY PUBLIC IN AND FOR  
THE STATE OF Texas  
My Commission Expires: 12-30-15

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Stephen McCollum, et al v.  
Brad Livingston, et al

Glenda Adams, M.D.  
November 19, 2013

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

STEPHEN MCCOLLUM, STEPHANIE  
KINGREY, and SANDRA MCCOLLUM,  
individually and as heirs  
at law in the Estate of  
LARRY GENE MCCOLLUM,  
Plaintiffs,

VS.

BRAD LIVINGSTON, JEFF PRINGLE,  
RICHARD CLARK, KAREN TATE,  
SANDREA SANDERS, ROBERT EASON,  
THE UNIVERSITY OF TEXAS  
MEDICAL BRANCH and the TEXAS  
DEPARTMENT OF CRIMINAL JUSTICE,  
Defendants.

CIVIL ACTION NO.

3:12-cv-02037

REPORTER'S CERTIFICATION  
TO THE  
ORAL AND VIDEOTAPED DEPOSITION OF  
THE DESIGNATED REPRESENTATIVE OF  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH  
BY AND THROUGH  
GLENDA ADAMS, M.D.  
NOVEMBER 19, 2013

I, Mary C. Dopico, Certified Shorthand. Reporter  
in and for the State of Texas, do hereby certify that  
the facts stated by me in the caption hereto are true;  
that the foregoing deposition of THE DESIGNATED  
REPRESENTATIVE OF THE UNIVERSITY OF TEXAS MEDICAL BRANCH  
BY AND THROUGH GLENDA ADAMS, M.D., the witness  
hereinbefore named, was taken by me in machine  
shorthand, the said witness having been by me first duly  
cautioned and sworn to tell the truth, the whole truth,  
and nothing but the truth, and later transcribed from my  
machine shorthand notes to typewritten form by me.

I further certify that the above and foregoing

WRIGHT WATSON & ASSOCIATES

1 deposition, as set forth in typewriting, is a full, true  
2 and correct transcript of the proceedings had at the  
time of taking said deposition.

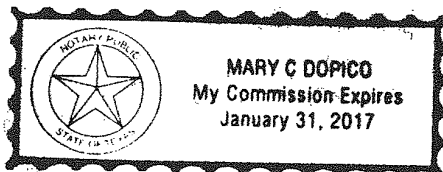
3 I further certify that pursuant to FRCP Rule  
4 30(f)(1) that the signature of the deponent was  
5 requested by the deponent or a party before the  
6 completion of the deposition and returned within 30 days  
from date of receipt of the transcript. If returned,  
the attached Changes and Signature Pages contain any  
changes and the reasons therefor;

7 \_\_\_\_\_ was not requested by the deponent or a party  
8 before the completion of the deposition.

9 I further certify that I am neither attorney or  
10 counsel for, nor related to or employed by any of the  
11 parties to the action in which this deposition is taken,  
and further that I am not a relative or employee of any  
attorney or counsel employed by the parties hereto, or  
financially interested in the action.

12 I further certify that charges for the preparation  
13 of the foregoing completed deposition were \$ 1745.45  
14 for the original thereof, charged to Attorney(s) for  
Plaintiffs.

15 GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 3rd  
day of December, 2013.



*Mary C. Dopico*  
Mary C. Dopico, CSR, RPR, CRR  
CSR No. 463, Exp. 12-31-2014  
Notary Public, State of Texas  
Commission Expires 1-31-2017

20 Independent Contractor To:  
21 Wright, Watson & Associates  
22 Firm Registration No. 225  
Expires 12-31-2013  
23 3307 Northland Drive, Suite 185  
Austin, Texas 78731  
512/474-4363 Fax 512/474-8802

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25

Stephen McCollum, et al v.  
Brad Livingston, et al

Glenda Adams, M.D.  
November 19, 2013

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

STEPHEN McCOLLUM, STEPHANIE  
KINGREY, and SANDRA McCOLLUM,  
individually and as heirs  
at law in the Estate of  
LARRY GENE McCOLLUM,  
Plaintiffs,

VS.

BRAD LIVINGSTON, JEFF PRINGLE,  
RICHARD CLARK, KAREN TATE,  
SANDREA SANDERS, ROBERT EASON,  
THE UNIVERSITY OF TEXAS  
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DEPARTMENT OF CRIMINAL JUSTICE,  
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CIVIL ACTION NO.

3:12-cv-02037

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TO THE  
ORAL AND VIDEOTAPED DEPOSITION OF  
THE DESIGNATED REPRESENTATIVE OF  
THE UNIVERSITY OF TEXAS MEDICAL BRANCH  
BY AND THROUGH  
GLENDA ADAMS, M.D.  
NOVEMBER 19, 2013

I, Mary C. Dopico, Certified Shorthand. Reporter  
in and for the State of Texas, do hereby certify that  
the facts stated by me in the caption hereto are true;  
that the foregoing deposition of THE DESIGNATED  
REPRESENTATIVE OF THE UNIVERSITY OF TEXAS MEDICAL BRANCH  
BY AND THROUGH GLENDA ADAMS, M.D., the witness  
hereinbefore named, was taken by me in machine  
shorthand, the said witness having been by me first duly  
cautioned and sworn to tell the truth, the whole truth,  
and nothing but the truth, and later transcribed from my  
machine shorthand notes to typewritten form by me.

I further certify that the above and foregoing

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Brad Livingston, et al

Glenda Adams, M.D.  
November 19, 2013

1 deposition, as set forth in typewriting, is a full, true  
2 and correct transcript of the proceedings had at the  
time of taking said deposition.

3 I further certify that pursuant to FRCP Rule  
4 30(f)(1) that the signature of the deponent was  
requested by the deponent or a party before the  
5 completion of the deposition and returned within 30 days  
from date of receipt of the transcript. If returned,  
6 the attached Changes and Signature Pages contain any  
changes and the reasons therefor;

7 I further certify that I am neither attorney or  
8 counsel for, nor related to or employed by any of the  
parties to the action in which this deposition is taken,  
9 and further that I am not a relative or employee of any  
attorney or counsel employed by the parties hereto, or  
10 financially interested in the action.

11 I further certify that charges for the preparation  
of the foregoing completed deposition were \$ \_\_\_\_\_  
12 for the original thereof, charged to Attorney(s) for  
Plaintiffs.

13 GIVEN UNDER MY HAND AND SEAL OF OFFICE this the 3rd  
14 day of December, 2013.

15  
16  
17 Mary C. Dopico, CSR, RPR, CRR  
CSR No. 463, Exp. 12-31-2014  
Notary Public, State of Texas  
18 Commission Expires 1-31-2017

19 Independent Contractor To:  
Wright, Watson & Associates  
Firm Registration No. 225  
20 Expires 12-31-2013  
3307 Northland Drive, Suite 185  
21 Austin, Texas 78731  
512/474-4363 Fax 512/474-8802  
22  
23  
24  
25

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 273



IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

STEPHEN McCOLLUM, §  
STEPHANIE KINGREY, and §  
SANDRA McCOLLUM, §  
individually and as §  
heirs at law to the §  
Estate of LARRY GENE §  
McCOLLUM, §

Plaintiffs, §

VS §

BRAD LIVINGSTON, JEFF §  
PRINGLE, and the TEXAS §  
DEPARTMENT OF CRIMINAL §  
JUSTICE, §

Defendants. §

CIVIL ACTION NO.  
3:12-cv-02037

-----  
ORAL AND VIDEOTAPED DEPOSITION OF

ANANDA D. BABILI

FEBRUARY 7, 2013  
-----

ORAL AND VIDEOTAPED DEPOSITION OF  
ANANDA D. BABILI, produced as a witness at the instance  
of the PLAINTIFFS, and duly sworn, was taken in the  
above-styled and numbered cause on the 7th day of  
February, 2013, from 9:52 a.m. to 12:50 p.m., before  
TINA TERRELL BURNEY, CSR in and for the State of Texas,  
reported by machine shorthand, at the Hutchins State  
Jail, 1500 E. Langdon Road, Dallas, Texas 75241,  
pursuant to the Federal Rules of Civil Procedure.

McCollum, et al. v.  
Brad Livingston, et al.

Ananda D. Babbili  
February 07, 2013

A P P E A R A N C E S

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ALSO PRESENT:

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McCollum, et al. v.  
Brad Livingston, et al.

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P R O C E E D I N G S

THE VIDEOGRAPHER: Going on the record  
February 7th, 2013. The time is approximately 9:52 a.m.  
Will the court reporter please swear in the witness?

ANANDA D. BABBILI,  
having been first duly sworn, testified as follows:

EXAMINATION

BY MR. EDWARDS:

Q. Would you kindly state your name for the  
record, sir?

A. My name is Ananda D. Babbili.

Q. My name is Jeff Edwards, and I represent the  
McCollum family --

A. Okay.

Q. -- the children and wife of the man that died  
from hyperthermia in the Hutchins State Jail. Do you  
understand that?

A. Yes, I do.

Q. Okay. You -- did you bring any materials with  
you today, sir?

A. I have --

MS. COOGAN: In response to the subpoena?  
Here.

MR. EDWARDS: Okay. Are you handing me  
all the --

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1 provide me with information that you reviewed in  
2 preparation for your deposition?

3 MS. COOGAN: Yes.

4 A. Yes.

5 Q. Okay. Can you hand me that deposition notice?

6 A. (Witness complies.)

7 Q. Tell me what the next document is, sir.

8 A. The next document is dated July 15th, the day  
9 Mr. McCollum arrived, and this is the medication ordered  
10 by me to the patient.

11 Q. Okay.

12 (Exhibit 2 marked.)

13 Q. Does this document reflect kind of your --  
14 what you -- what your treatment decision with  
15 Mr. McCollum was as of July 15th, 2011?

16 A. Yes.

17 Q. Okay. And I'm going to ask you a bunch more  
18 questions about that later on in the deposition, but did  
19 you actually see Mr. McCollum?

20 A. No.

21 Q. How did you make a decision to discontinue a  
22 drug without seeing Mr. McCollum?

23 A. Because Clonidine is a nonformulated drug. We  
24 don't use it on the unit, and it was given in the county  
25 as needed basis if the blood pressure is high, and

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1 because of that reason, because we don't use the  
2 medicine for routine hypertension patients, I wanted to  
3 supplement that with a daily small dose of  
4 hydrochlorothiazide until he was seen by the provider.

5 Q. Is your understanding -- and I'm going to  
6 butcher this -- but this hydro -- tell me --

7 A. Hydrochlorothiazide.

8 Q. Hydrochlorothiazide.

9 A. Uh-huh.

10 Q. Can we call that HCZ?

11 A. HCTZ, yes.

12 Q. HCTZ.

13 A. Uh-huh.

14 Q. Is it your understanding that HCTZ is the  
15 equivalent of Clonidine?

16 A. No.

17 Q. How -- how are they different?

18 A. Clonidine is an alpha blocker agonist, which  
19 is a central nervous system acting drug.  
20 Hydrochlorothiazide acts on the kidneys to deplete any  
21 extra amount of water being retained by the body. By  
22 decreasing the volume of the fluid in the body, it  
23 decreases the workload on the heart. The pressure will  
24 be normalized or stabilized or decreased.

25 Q. But it's your understanding that Clonidine is

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1 Q. You can still answer.

2 A. I did not see the patient, so I cannot answer  
3 that.

4 Q. Well, okay.

5 MR. EDWARDS: Let me object as  
6 nonresponsive.

7 Q. Would you expect, based on your training,  
8 experience and observation of correctional officers,  
9 that a correctional officer, faced with the situation  
10 that they found Mr. McCollum in, to contact the triage  
11 nurse immediately?

12 MR. HARRIS: Objection, improper  
13 hypothetical. Lack of foundation. Calls for  
14 speculation.

15 Q. You can answer, sir.

16 A. In my experience, a correction officer,  
17 sensing the emergency situation of the patient, have a  
18 right to call the -- whoever they needed to call  
19 immediately.

20 Q. You said they have a right to call them. Did  
21 you mean -- is that what you meant, that they had the  
22 ability to?

23 A. Common sense. Common sense.

24 Q. Common sense says, look, contact them  
25 immediately; is that fair?

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1 A. Uh-huh.

2 Q. And that would be your expectation as a PA on  
3 the facility, right?

4 A. Yes.

5 Q. Okay. And, you know, I'm not saying it  
6 happened, but if there was a delay, a significant delay  
7 of, you know, 40 minutes, an hour, as a medical person,  
8 I assume you'd have a problem with that; is that  
9 correct?

10 A. Yes.

11 Q. Okay. All right. What are your other  
12 documents there, sir?

13 A. This is the death summary I did for Dr. Orig,  
14 who asked me to do that.

15 Q. I'm sorry. I apologize. Would you tell me  
16 the name of the doctor?

17 A. Dr. Orig, O-R-I-G. He's the medical director  
18 of Hutchins Medical Department.

19 Q. Okay. And he went to medical school, and he  
20 has an M.D. after his name?

21 A. Yes.

22 Q. Okay.

23 (Exhibit 5 marked.)

24 Q. Would you take a look at Exhibit 5?

25 A. Uh-huh.

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1 medications the patient came with, and if there is a  
2 psych medicine, the psych will address that issue, but  
3 medically, I assign the restrictions if he is in need of  
4 a restriction.

5 Q. For instance, some -- some drugs are like  
6 diuretics?

7 A. Uh-huh.

8 Q. Okay. Diuretics cause people to dehydrate.  
9 Is that accurate?

10 A. If the patient is paying attention to his  
11 body's needs and what the body is telling him. Most of  
12 the time, they will feel thirsty, and they replace the  
13 fluid which is being lost in a sweat form or vapor form.  
14 So the body will tell. When the heat -- when the body  
15 is getting dehydrated, before we use the dehydration  
16 word, the body will tell. That's why I tell the  
17 patients, drink a lot of water.

18 Q. Gotcha. But in terms of like -- well, that  
19 drug that you prescribed, that H --

20 A. HCTZ.

21 Q. HTCZ?

22 A. HC.

23 Q. HCTZ, thanks. That's a diuretic, right?

24 A. Yes.

25 Q. That makes somebody more susceptible to

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1 dehydrating, right?

2 A. Yes.

3 Q. Okay. The Dallas area -- and I'm just asking  
4 generally -- that's -- it's generally extremely hot in  
5 the summer. Is that fair?

6 A. Generally, yes.

7 Q. Okay. I've seen in the documents lots of  
8 temperature readings that are taken from 6:30 a.m. until  
9 6:30 p.m. by someone on Warden Pringle's staff. Are  
10 those temperatures made known to you?

11 A. No.

12 Q. So you'd just have to -- you walk in, and it's  
13 105 degrees?

14 A. By what you feel, yeah.

15 Q. Yeah. Okay. Someone with hypertension is  
16 more susceptible to extreme heat than someone without  
17 hypertension as a practical matter; isn't that correct?

18 A. Not all the hypertensive patients are  
19 extremely prone for heat problems.

20 Q. As a general matter then, are more -- is it  
21 more likely than not that someone suffering from  
22 hypertension would be more susceptible to extreme heat  
23 than someone who's not?

24 A. If the patient is on diuretics.

25 Q. Okay. And Mr. McCollum was on diuretics,

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1 medically speaking. We would like to take all the  
2 precautionary methods, but it is important, yeah.

3 Q. Do you know why the Hutchins Unit and -- do  
4 you know why they don't -- they do not prescribe  
5 Clonidine?

6 A. Well, Clonidine is a centrally acting --  
7 central nervous system acting medication, which has a  
8 potential for more major side effects comparing to  
9 diuretics, and it also has a tendency to develop  
10 habituation problems within meds, addiction problems  
11 with the inmates, and it is hard to monitor the  
12 compliance, especially with relationship to  
13 discontinuing the drug, or side effects.

14 Q. Does -- does Clonidine have the same effect on  
15 the body as HCTZ?

16 MR. HARRIS: Objection, asked and  
17 answered.

18 A. No.

19 Q. Oh, what are your hours, sir?

20 A. I come at 6:00 -- between 6:00 and 6:15 and  
21 leave at -- between 2:15 and 2:30 or 2:45 or 3:00,  
22 sometimes later than that.

23 Q. Is there any medical staff at the facility  
24 after 6:30 p.m.?

25 A. Not to my knowledge.

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McCollum, et al. v.  
Brad Livingston, et al.

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February 07, 2013

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

STEPHEN McCOLLUM, §  
STEPHANIE KINGREY, and §  
SANDRA McCOLLUM, §  
individually and as §  
heirs at law to the §  
Estate of LARRY GENE §  
McCOLLUM, §  
Plaintiffs, §  
VS §  
BRAD LIVINGSTON, JEFF §  
PRINGLE, and the TEXAS §  
DEPARTMENT OF CRIMINAL §  
JUSTICE, §  
Defendants. §

CIVIL ACTION NO.  
3:12-cv-02037

REPORTER'S CERTIFICATION

ORAL AND VIDEOTAPED DEPOSITION OF

ANANDA D. BABBILI

FEBRUARY 7, 2013

I, Tina Terrell Burney, Certified Shorthand  
Reporter in and for the State of Texas, hereby certify  
to the following:

That the witness, ANANDA D. BABBILI, was duly  
sworn by the officer and that the transcript of the oral  
deposition is a true record of the testimony given by

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McCollum, et al. v.  
Brad Livingston, et al.

Ananda D. Babbili  
February 07, 2013

1 the witness;

2 I further certify that pursuant to FRCP Rule  
3 30(f)(1) that the signature of the deponent:

4 \_\_\_\_\_ was requested by the deponent or a  
5 party before the completion of the deposition and is to  
6 Be returned within 30 days from date of receipt of the  
7 transcript. If returned, the attached Changes and  
8 Signature Page contains any changes and the reasons  
9 therefor;

10 \_\_\_\_\_ was not requested by the deponent or a  
11 party before the completion of the deposition.

12 I further certify that I am neither attorney  
13 or counsel for, nor related to or employed by, any of  
14 the parties or attorneys to the action in which this  
15 deposition was taken. Further, I am not a relative or  
16 employee of any attorney of record in this case, nor am  
17 I financially interested in the outcome of the action.

18 Subscribed and sworn to on this the \_\_\_\_\_  
19 day of February, 2013.

20  
21 \_\_\_\_\_  
22 TINA TERRELL BURNEY  
23 Texas CSR No. 2908  
24 Expiration Date: 12/31/14  
25 WRIGHT WATSON & ASSOCIATES, L.L.C.  
3307 Northland Drive, Suite 185  
Austin, Texas 78731  
800.375.4363 Fax 512.474.8802  
Firm Registration No. 225

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
McCOLLUM, individually, and STEPHANIE §  
KINGREY, individually and as independent §  
administrator of the Estate of LARRY GENE §  
McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

# EXHIBIT 274

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION

STEPHEN McCOLLUM, §  
STEPHANIE KINGREY, and §  
SANDRA McCOLLUM, §  
individually and as §  
heirs at law to the §  
Estate of LARRY GENE §  
McCOLLUM, §

Plaintiffs, §

VS §

BRAD LIVINGSTON, JEFF §  
PRINGLE, and the TEXAS §  
DEPARTMENT OF CRIMINAL §  
JUSTICE, §

Defendants. §

CIVIL ACTION NO.  
3:12-cv-02037

-----  
ORAL AND VIDEOTAPED DEPOSITION OF

RICHARD J. CLARK

FEBRUARY 7, 2013  
-----

ORAL AND VIDEOTAPED DEPOSITION OF

RICHARD J. CLARK, produced as a witness at the instance  
of the PLAINTIFFS, and duly sworn, was taken in the  
above-styled and numbered cause on the 7th day of  
February, 2013, from 1:55 p.m. to 3:50 p.m., before TINA  
TERRELL BURNEY, CSR in and for the State of Texas,  
reported by machine shorthand, at the Hutchins State  
Jail, 1500 E. Langdon Road, Dallas, Texas 75241,  
pursuant to the Federal Rules of Civil Procedure.

Stephen McCollum, et al.  
Brad Livingston, et al.

Richard J. Clark  
February 07, 2013

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ALSO PRESENT:

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Warden Pringle

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Stephen McCollum, et al.  
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Richard J. Clark  
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Richard J. Clark  
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1 Q. So the -- like what year were you working at  
2 Powledge?

3 A. '95.

4 Q. '95. Do you enjoy working for TDCJ?

5 A. Sometimes.

6 Q. Okay. Fair enough. Let's see, and just to  
7 confirm, in July 2011, you were a CO-5; is that right?

8 A. Yes.

9 Q. Okay. Who was your direct supervisor in July  
10 of 2011?

11 A. Sergeant Tate.

12 Q. Sergeant Tate. I just want to quickly go  
13 through kind of what the hierarchy was at that point.  
14 So Sergeant Tate was your immediate supervisor?

15 A. Yes.

16 Q. Who was Sergeant Tate's supervisor, if you  
17 know?

18 A. Lieutenant Sanders.

19 Q. Lieutenant Sanders. Then who was above  
20 Lieutenant Sanders?

21 A. Those were the only ones that were working  
22 when I was -- when I was here.

23 Q. On the night that Mr. McCollum --

24 A. Yes.

25 Q. -- had his episode, right?

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Richard J. Clark  
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1 Q. Do you remember hearing anything in your  
2 training about the inmates' safety?

3 A. Not in training.

4 Q. Okay. What did they say the consequences of  
5 not being hydrated could be during your training?

6 A. They didn't really say what the consequences  
7 were.

8 Q. Have you ever heard that you could develop  
9 heat stroke from continued exposure to extreme  
10 temperatures?

11 A. Yes.

12 Q. Do you know that heat stroke could result in  
13 death if it's not treated?

14 A. Yes.

15 Q. Did you know that when someone has heat  
16 stroke, they need to be moved to a cool environment?

17 A. Yes.

18 Q. And did you know that they need to be -- you  
19 just need to do whatever you can to try to bring their  
20 body temperature down?

21 A. Yes.

22 Q. Okay. Did you know that that's a medical  
23 emergency that requires immediate medical treatment?

24 A. Yes.

25 Q. Okay. I think the -- the court reporter would

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1 appreciate it if -- you're -- you know the question I'm  
2 asking, and you know what the answer is, but you're  
3 stepping on my question a little bit. I think it will  
4 help the court reporter out if you can just wait for me  
5 to complete the question. Okay?

6 When you have a training before the shift  
7 turnout, how long does that normally last?

8 A. 10 to 15 minutes.

9 MR. MEDLOCK: Can I see the previous  
10 exhibits?

11 MR. GARCIA: They're right here.

12 MR. MEDLOCK: Is that the notice?

13 Q. Take a look at that, that's marked Exhibit 10  
14 for me, Mr. Clark.

15 A. Yes.

16 Q. Do you recognize that document?

17 A. Yes.

18 Q. And if you flip over to the other page --

19 A. Yes.

20 Q. -- do you recognize that?

21 A. Yes.

22 Q. Is that usually on a little card --

23 A. Yes.

24 Q. -- a wallet-sized card? Have you ever  
25 received one of those wallet-sized cards?

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Richard J. Clark  
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1 A. Yes, I do.

2 Q. Were you ever trained on how to use it?

3 A. Well, we've gone over some of the symptoms and  
4 looked at the card.

5 Q. Can you describe for the jury what you do with  
6 the card?

7 A. Keep it with us at all times while we're at  
8 work.

9 Q. What's it good for?

10 A. If we come up to someone, we're not sure  
11 what's wrong with them, if they're exhibiting some  
12 symptoms, we can take it out and kind of look and see  
13 what kind of symptoms.

14 Q. So the -- the -- you would reference the card  
15 to tell you, you know, I see this gentleman has some  
16 problem, and you look on the card to see if maybe this  
17 is heat stroke because the symptom is listed on the  
18 card. Is that about right?

19 A. I'd ask for -- for rank and what they call  
20 video camera and stuff to come to the building first.

21 Q. Okay. You'd ask -- you'd call for rank and  
22 the video camera --

23 A. Yes.

24 Q. -- before you consulted the card?

25 A. Yes.

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Stephen McCollum, et al.  
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Richard J. Clark  
February 07, 2013

1 Q. Okay. Does it depend on where you're working?

2 A. Yes.

3 Q. Sometimes you will only be working in a place  
4 where it's air conditioned, right?

5 A. No.

6 Q. No. Like if -- you wouldn't just work the  
7 front door where you come in?

8 A. No.

9 Q. You'd work somewhere else. You'd rotate with  
10 somebody who's working the front door if working at the  
11 front door was part of your duty that night?

12 A. Well, we only -- we only have the front door  
13 for an hour in the -- in the morning.

14 Q. Okay. I see, because you work the night  
15 shift?

16 A. Yes.

17 Q. Okay. Have you always worked the night shift?

18 A. Yes.

19 Q. Okay. So when you say that people are taking  
20 breaks in air-conditioned spots, officers are taking  
21 these breaks, they're even doing that during the night  
22 shift, right?

23 A. Yes.

24 Q. Okay. Because it's still hot in the middle of  
25 the night when you're working?

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Richard J. Clark  
February 07, 2013

1 A. Yes.

2 Q. Now, the dorms, the windows to those dorms  
3 don't open; is that right?

4 A. No.

5 Q. And you said there are fans. How many fans  
6 are there?

7 A. There are two big fans that are up on the  
8 wall.

9 Q. Okay. Were there only two fans there in July  
10 of 2011 when Mr. McCollum was here?

11 A. Yes.

12 Q. Prisoners don't have personal fans here at  
13 the --

14 A. No.

15 MR. GARCIA: Let him finish his question.  
16 Okay?

17 Q. They don't have personal fans here at the  
18 Hutchins Unit?

19 A. No.

20 Q. Is that because there's no plug outlets in the  
21 dorms?

22 A. Yes.

23 Q. As far as you know, there's no security reason  
24 that inmates living in the dorms here at the Hutchins  
25 Unit couldn't have a personal fan?

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1 Q. And is this the statement from Sergeant -- or  
2 from Lieutenant Sanders that you reviewed?

3 A. Yes.

4 MR. MEDLOCK: Mark that one as 13.

5 (Exhibit 13 marked.)

6 Q. Now, in addition to those two statements and  
7 your statement, were there any other documents you  
8 looked at before your deposition today?

9 A. No.

10 Q. Okay. Can you go ahead and hand me the copy  
11 of your statement?

12 A. (Witness complies.)

13 MR. MEDLOCK: Let's mark this one.

14 (Exhibit 14 marked.)

15 Q. Okay. Now, what time did you come on duty the  
16 day that's described in the statement?

17 A. 10:30.

18 Q. Is that 10:30 --

19 A. At night, night.

20 Q. 10:30 p.m. --

21 A. Yes.

22 Q. -- on July the 21st of 2011?

23 A. Yes.

24 Q. And what's your -- was that typically the time  
25 you'd start?

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1 A. No.

2 Q. Is it just entirely voluntary if they want to  
3 go or not?

4 A. Yes.

5 Q. Okay. Are there some guys who -- who don't  
6 go?

7 A. If -- if an offender decides he wants to sleep  
8 and not go to chow, that's what he does.

9 Q. Would you notice if there was someone who was  
10 consistently not going to chow?

11 A. No.

12 Q. Mr. McCollum was a large individual, right?

13 A. That's a -- kind of a roundabout way of saying  
14 it. There's -- there's other offenders that are -- that  
15 are -- I don't want to call it fat.

16 Q. Larger?

17 A. Larger.

18 Q. Mr. McCollum was on the -- a top bunk, though,  
19 right?

20 A. Yes.

21 Q. Is it unusual for a prisoner of Mr. McCollum's  
22 size to be on a top bunk?

23 A. Most offenders that are -- that are large do  
24 have a lower bunk, not all, but...

25 Q. But most?

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1 Q. So when this happened, you just wrote the  
2 statement. You didn't need anybody to tell you?

3 A. It would have been either the sergeant or the  
4 lieutenant told us, you know, to make sure we get our  
5 statement in before we leave.

6 Q. Did you talk with anyone about what you wrote  
7 in it?

8 A. No.

9 Q. What were you doing immediately before you  
10 learned Mr. McCollum was in trouble?

11 A. I was doing count in -- in that dorm.

12 Q. In the -- in the C7 dorm?

13 A. Yes.

14 Q. Do you remember where in the dorm you were?

15 A. I'm not sure where it was. One of the  
16 offenders -- there was -- that was in the bunk  
17 underneath of him told me that the guy up above him was  
18 shaking.

19 Q. And was it approximately 2:10 a.m.?

20 A. Approximately.

21 Q. What did you see when you got over to the  
22 bunk?

23 A. The offender was shaking.

24 Q. Were his eyes closed?

25 A. I don't remember.

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1 Q. Was his whole body shaking?  
2 A. Yes.  
3 Q. Were the lights on in the dorm at that point?  
4 A. I don't know.  
5 Q. There must be some lights on in the dorm for  
6 you to see where you're going?  
7 A. Yes.  
8 Q. Okay. How -- can you see pretty well --  
9 A. Yes.  
10 Q. -- at 2:00 a.m. in the dorms?  
11 A. (Nods head.)  
12 Q. What did you think when you saw him shaking?  
13 What did you think was wrong with him?  
14 A. He was having a seizure.  
15 Q. And why did you think it was a seizure?  
16 A. Because a body that -- that's shaking like  
17 that, it's usually a caesar -- seizure that whoever it  
18 is has.  
19 Q. What's -- what is that opinion based on? Like  
20 have you seen other guys have seizures?  
21 A. I've seen a few other guys in other dorms that  
22 I responded to that were having seizures. I see it on  
23 television.  
24 Q. So based on what you've seen before and what  
25 you've seen on TV, you thought that he was having a

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1 seizure?

2 A. Yes.

3 Q. Okay. Did -- did you think he was in pretty  
4 bad shape when you saw him?

5 A. Yes.

6 Q. You could tell he needed medical attention?

7 A. I'm not a nurse or anything. That's an  
8 opinion on whoever is -- is there at the time. I --

9 Q. But you knew -- I'm sorry.

10 A. It looked like he needed -- needed -- well,  
11 I'm not sure exactly what he needed, but...

12 Q. But from looking at him, you knew that he was  
13 having a medical problem, and that it was beyond your  
14 ability to help him because you -- as we talked about  
15 previously, you've only had basic first-aid training,  
16 right?

17 A. Yes.

18 Q. So you knew that he needed medical help at  
19 that time?

20 A. Yes.

21 Q. Okay. At least to be evaluated, because you  
22 couldn't tell what the problem was?

23 A. Yes.

24 Q. Okay. McCollum was still on the top bunk when  
25 you saw him, when you got there?

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1 seizure?

2 A. Yes.

3 Q. Okay. Did -- did you think he was in pretty  
4 bad shape when you saw him?

5 A. Yes.

6 Q. You could tell he needed medical attention?

7 A. I'm not a nurse or anything. That's an  
8 opinion on whoever is -- is there at the time. I --

9 Q. But you knew -- I'm sorry.

10 A. It looked like he needed -- needed -- well,  
11 I'm not sure exactly what he needed, but...

12 Q. But from looking at him, you knew that he was  
13 having a medical problem, and that it was beyond your  
14 ability to help him because you -- as we talked about  
15 previously, you've only had basic first-aid training,  
16 right?

17 A. Yes.

18 Q. So you knew that he needed medical help at  
19 that time?

20 A. Yes.

21 Q. Okay. At least to be evaluated, because you  
22 couldn't tell what the problem was?

23 A. Yes.

24 Q. Okay. McCollum was still on the top bunk when  
25 you saw him, when you got there?

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1 A. Yes.

2 Q. What was he wearing?

3 A. I don't remember what he was wearing.

4 Q. Do you remember if he had the full uniform on  
5 or...

6 A. No, I don't.

7 Q. Do you remember if he had a shirt on?

8 A. I don't remember that either.

9 Q. Okay. Do you remember if he had pants on?

10 A. I'm pretty sure he had boxers on. I don't  
11 know if he had anything else on at that time.

12 Q. Did you touch him?

13 A. Yeah, yes.

14 Q. What did his skin feel like?

15 A. It felt hot.

16 Q. It felt hot. Was his skin -- was he sweaty?

17 A. I don't remember.

18 Q. Okay. But you remember he was hot. Was he  
19 breathing?

20 A. He was breathing.

21 Q. Did his breathing seem normal, or was it fast  
22 or slow or...

23 A. I don't remember.

24 MR. GARCIA: Hold on a second. Let me  
25 make my objection. Objection, compound. Now you can

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1 answer.

2 Q. You don't remember if he was breathing  
3 normally?

4 A. No.

5 Q. You don't remember if he was breathing too  
6 fast?

7 A. No.

8 Q. You don't remember if he was breathing too  
9 slow?

10 A. All I know is he was breathing.

11 Q. He was. Okay. Did you try to talk to him?

12 A. Yes.

13 Q. What did you say to him?

14 A. If he was okay. I tried to get him to -- to  
15 speak. That was -- that was about it until -- until I  
16 went to get the -- some more staff down there and the  
17 sergeant.

18 Q. Did he respond when you tried to get him to  
19 speak?

20 A. No.

21 Q. What happened when you did try to get a  
22 response from him?

23 A. What do you mean?

24 Q. Well, did he just keep shaking or did he --

25 A. Yes.

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1 Q. He didn't respond to you in any way?

2 A. No.

3 Q. Okay. Could you smell anything odd?

4 A. No.

5 Q. Did you try to give him water or get him to  
6 drink?

7 A. No.

8 Q. Did you fan him with your hand or...

9 A. No.

10 Q. At that point, did you have any -- any theory  
11 about what was wrong with him?

12 A. Only that he was having a seizure.

13 Q. Did you talk with any of the other prisoners  
14 around him?

15 A. No. The -- the additional staff I called  
16 arrived there shortly after I called for them.

17 Q. Okay. What did the -- let's talk a minute  
18 about the prisoner who alerted you to Mr. McCollum's  
19 problem. Do you remember which bunk that prisoner was  
20 in?

21 A. He was in the bottom bunk right below the...

22 Q. Right below Mr. McCollum?

23 A. Yes.

24 Q. If Mr. McCollum was Bunk 46, what bunk would  
25 be the man below him?

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1 A. Yes.

2 Q. Okay. Now, the -- the prisoner that came up  
3 to you, do you remember his name?

4 A. No, I don't.

5 Q. Do you remember if he was -- what race -- what  
6 racial background he was?

7 A. No, I don't.

8 Q. You don't remember if he was black or white?

9 A. No.

10 Q. Okay. You don't remember if he was old or  
11 young?

12 A. Not -- no.

13 Q. You don't remember if he was tall or short?

14 A. No.

15 Q. Okay. Now, what you in your statement say,  
16 that you ran to the picket and told the officer in the  
17 picket to call a first supervisor; is that right?

18 A. Yes.

19 Q. How long were you standing at Mr. McCollum's  
20 bunk before you went to the picket?

21 A. Just a short time. Once I saw that he wasn't  
22 responding and he was shaking, I ran to the picket to  
23 the additional staff down there.

24 Q. Was that maybe less than five minutes that you  
25 were standing at his bunk?

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1 Q. What did the -- what did you tell the officer  
2 in the picket?

3 A. I needed a supervisor, video camera,  
4 additional staff.

5 Q. Did you tell him what the problem was, the  
6 officer in the picket?

7 A. No.

8 Q. Okay. You didn't say like, this guy's having  
9 a seizure?

10 A. No.

11 Q. You didn't ask him to call 911 or...

12 A. Well, we -- we can't do -- we can't dial 911.

13 Q. You've worked in the picket, I assume.

14 A. Yes.

15 Q. You can't dial 911 from the picket?

16 A. No.

17 Q. Do you know why you can't call 911 from the  
18 picket?

19 A. The only one who can dial outside of the unit  
20 is H Control.

21 Q. And where is H Control?

22 A. It's the control right out -- right out here  
23 attached, just before you go through the doors to the  
24 rest of the unit.

25 Q. It's in a separate building from the C

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1 Building?

2 A. Yes.

3 Q. Okay. And that's the only place that has an  
4 outside line?

5 A. Yes.

6 Q. Can you call the H Building from the picket?

7 A. Yes.

8 Q. So someone from the picket could tell someone  
9 in H Building to call 911?

10 A. No, we can't do that. It has to be a  
11 lieutenant, is the one that makes the final decision  
12 whether to dial 911.

13 Q. Okay. So the only person who can make -- who  
14 can make the decision to call 911 is the lieutenant?

15 A. Yes.

16 Q. You as a CO-5 can't make that decision?

17 A. No.

18 Q. Okay. Do you know why only a lieutenant is  
19 allowed to call 911?

20 A. It's -- it's probably a directive or something  
21 that is done by maybe the wardens or the -- or TDC, plus  
22 it's the ranking officer on the unit at that time who's  
23 in charge of everything that goes on in the unit.

24 Q. Did you know that there were no medical staff  
25 at the unit in the middle of the night?

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1 A. Yes.

2 Q. So you knew that if Mr. McCollum was going to  
3 get medical attention, it would have to be outside of  
4 the prison; is that right?

5 A. Yes.

6 Q. Was there any way to get him medical attention  
7 outside of the prison short of calling 911?

8 A. That, I don't know.

9 Q. If there was, you were never informed of it?

10 A. Right.

11 Q. The statement says that you asked for a  
12 supervisor and a camera. That's what you did?

13 A. Yes, and additional staff.

14 Q. Okay. Did additional staff come?

15 A. Yes.

16 Q. Who came?

17 A. I don't remember any -- any of the other staff  
18 except one.

19 Q. Who was that?

20 A. Officer Williams, who's on first shift now. I  
21 don't -- I don't remember the other people that were  
22 there.

23 Q. What's Officer Williams' first name?

24 A. Ross, I believe.

25 Q. How many other officers showed up?

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February 07, 2013

1 Q. Is it standard practice for when there's an  
2 incident like this, for someone to bring a video camera?

3 A. Yes.

4 Q. Now, your statement says that you got there at  
5 2:10 a.m. That's the correct time?

6 A. 2 -- when -- that's when I was -- that's when  
7 I was doing the count.

8 Q. Okay. So that's how you know it was 2:10 a.m.  
9 when --

10 A. Like I said, it -- it was approximately then.  
11 I don't actually look at my watch to make sure what time  
12 I'm taking the count.

13 Q. Okay. But you do the count at approximately  
14 the same time every day, right?

15 A. Yeah, approximately.

16 Q. So it would have been around 2:10 a.m. when  
17 you were there initially?

18 A. (Nods head.)

19 Q. That's a yes?

20 A. Yes.

21 Q. Okay. And then you say that the -- in your  
22 statement, that the -- whoever it was that told you to  
23 go to this other problem got there in about 10 minutes;  
24 is that right?

25 A. I'm not sure when they got there. They might

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February 07, 2013

1 have been there a little bit before then.

2 Q. Okay. But you think that it was --

3 A. These two -- two situations happened pretty  
4 close together.

5 Q. Okay. But it would have been -- you don't  
6 think it was more than 10 minutes when --

7 A. No.

8 Q. So whoever it was that told you to move on,  
9 would have been there around 2:20 a.m.?

10 A. Like I said, I didn't -- I didn't look at my  
11 watch.

12 Q. But if it's -- if you found Mr. McCollum at  
13 about 2:10 a.m., and if the other staff got there about  
14 10 minutes later, it would have been about 2:20 a.m.,  
15 right?

16 A. I'm not sure how long it took them. I thought  
17 it took them about five minutes before they started  
18 arriving.

19 Q. So it would have been about 2:15 a.m. then?

20 A. Approximately.

21 Q. Approximately. Okay. Was Mr. McCollum still  
22 on the bunk when you left?

23 A. Yes.

24 Q. What was going on when you left?

25 A. They were trying to figure out how to get him

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Richard J. Clark  
February 07, 2013

1 A. If medical was on the unit at night, I would  
2 have.

3 Q. Okay. And if there wasn't a procedure saying  
4 a lieutenant has to call 911, would you have called 911  
5 at that point?

6 A. Well, I don't know what the procedure is  
7 for -- for calling 911. I know I can't do it.

8 Q. Okay. If you had found -- if we weren't at  
9 the prison, and you had seen Mr. McCollum in this  
10 situation, would you have called 911?

11 A. Like where?

12 Q. Say you're in the grocery store, and you see  
13 him collapse like that, would you call 911?

14 A. Yes.

15 Q. Okay. And you would have done that because  
16 you recognized it was an emergency that required medical  
17 care and that you couldn't provide that care, right?

18 A. Right.

19 Q. That's a yes?

20 A. Yes.

21 Q. Okay. Now, there were some officers who went  
22 to guard Mr. McCollum while he was in the hospital. Did  
23 you know that?

24 A. Yes.

25 Q. Okay. Were you ever one of them?

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

## EXHIBIT 275





**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

**STEPHEN MCCOLLUM AND SANDRA  
MCCOLLUM, INDIVIDUALLY AND  
STEPHANIE KINGREY,  
INDIVIDUALLY AND AS  
INDEPENDENT ADMINISTRATOR OF  
THE ESTATE OF LARRY GENE  
MCCOLLUM,  
PLAINTIFFS**

**VS.**

**BRAD LIVINGSTON, JEFF PRINGLE,  
RICHARD CLARK, KAREN TATE,  
SANDREA SANDERS, ROBERT EASON,  
THE UNIVERSITY OF TEXAS  
MEDICAL BRANCH AND THE TEXAS  
DEPARTMENT OF CRIMINAL  
JUSTICE ,  
DEFENDANTS**

**CIVIL ACTION NO.  
4:14-CV-3253**

**ORAL AND VIDEOTAPED DEPOSITION OF  
ROGER CLARK**

**APRIL 18, 2016**

# ORIGINAL

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, et al.,	)	
	)	
	)	
Plaintiffs,	)	Civil Action No.
vs.	)	4:14-CV-3253
	)	
BRAD LIVINGSTON, et al.,	)	
	)	
Defendants.	)	
_____	)	

VIDEOTAPED DEPOSITION OF ROGER CLARK

San Diego, California

Monday, April 18, 2016

Reported by:  
Tricia Rosate, RDR, RMR, CRR, CCRR  
CSR No. 10891  
Job No. 123342214

Roger Clark - 4/18/2016

2

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21 heather.rhea@texasattorneygeneral.gov  
22  
23  
24  
25

Also Present:

DANIEL PAYAN, The Videographer

3

Roger Clark - 4/18/2016

3

VIDEOTAPED DEPOSITION OF ROGER CLARK,  
 taken at 600 West Broadway, Suite 1800, San Diego,  
 California, commencing at 9:32 a.m. and ending at  
 4:43 p.m., Monday, April 18, 2016, before Tricia Rosate,  
 RDR, RMR, CRR, CCRR, CSR 10891, a Certified Shorthand  
 Reporter.

## I N D E X

WITNESS: Roger Clark

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1 appropriate for him to rely on his subordinates and  
2 experts in that field of -- of medicine to decide  
3 where and how those cuts should be made.

4 A No. It falls on the head of the facility --  
5 head -- head administrator of the department because  
6 only the department head can establish policies and  
7 make changes, enforce training, and make sure that the  
8 entire system is well-ordered and safe.

9 And that responsibility cannot fall on  
10 anybody else's shoulders. It's -- that authority is  
11 passed down, but it begins with him, so he has to --  
12 like I did when I was a lieutenant, "What's going on  
13 in the" -- and I wasn't there -- "What's going on, and  
14 what could go bad?" That's his constant thought. And  
15 if he doesn't have a medical person in a facility of  
16 2,000, that is -- he's got to know that's a problem.

17 Q If -- okay. Well, are you saying that the  
18 administrator of the system should basically make his  
19 own judgments on these factors, or -- or can he  
20 rely -- isn't it appropriate for him to rely on the  
21 people in the medical field, if he's -- he knows he  
22 has to make cuts, to decide where those cuts should be  
23 made?

24 Should he specifically micromanage the  
25 medical schedules at the units, or should he tell

1 other people with medical expertise, "We have to make  
2 these cuts. You guys decide where it would be most  
3 appropriate"?

4 MR. MEDLOCK: Object to form.

5 THE WITNESS: I think it probably would start  
6 with that last sentence, and then when they come back  
7 with some notion that it's okay not to have a medical  
8 nurse onboard, at least one person 24 hours, he would  
9 say, "Wait a second. You're telling me that I can  
10 have 2,000 guys locked up and not have a nurse on  
11 board? How does that work?"

12 And then if the -- if the explanation is  
13 reasonable, I suppose, but I can't -- I can't imagine  
14 any kind of a reasonable explanation.

15 BY MR. GREER:

16 Q Well, certainly the Hutchins State Jail isn't  
17 the only facility in this country that doesn't have  
18 24-hour medical care; right?

19 A I don't know. I know that none of ours are  
20 like that.

21 Q In the California prison system, all prisons  
22 are staffed with medical, 24 hours a day?

23 A Well, to my knowledge, but certainly in the  
24 L.A. County system.

25 Q Okay. You're just speaking of L.A. County



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM and	)	
SANDRA McCOLLUM,	)	
individually and as	)	
independent administrator	)	
of the Estate of LARRY	)	Civil Action
GENE McCOLLUM,	)	
	)	Number 4:14-CV-3253
	)	
Plaintiffs,	)	
	)	
vs.	)	
	)	
	)	
BRAD LIVINGSTON, JEFF	)	
PRINGLE, RICHARD CLARK,	)	
KAREN TATE, SANDREA	)	
SANDERS, ROBERT EASON,	)	
THE UNIVERSITY OF TEXAS	)	
MEDICAL BRANCH and THE	)	
TEXAS DEPARTMENT OF	)	
CRIMINAL JUSTICE,	)	
	)	
Defendants.	)	

-----

ORAL AND VIDEOTAPED DEPOSITION OF

BRYAN COLLIER

MARCH 30, 2016

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1 ORAL AND VIDEOTAPED DEPOSITION OF BRYAN  
2 COLLIER, produced as a witness at the instance of  
3 the PLAINTIFFS, and duly sworn, was taken in the  
4 above-styled and numbered cause on MARCH 30, 2016,  
5 from 9:39 a.m. to 6:29 p.m., before Melody Renee  
6 Campbell, CSR in and for the State of Texas,  
7 reported by method of machine shorthand, at the  
8 offices of the Attorney General, 300 West 15th  
9 Street, Austin, Texas, pursuant to Notice and Court  
10 Order and the Federal Rules of Civil Procedure.

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ALSO PRESENT:

Ms. Shanna Molanre  
Ms. Ashley Palermo  
Mr. James Rheams  
Mr. Cody Ginsel

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\*-\*-\*-\*-\*

1 A. I'm not sure that it would have been  
2 before.

3 **Q. Probably after?**

4 A. May have been.

5 **Q. If you don't know, you don't know. But**  
6 **there's no date on it. That's why I'm asking.**

7 A. No, sir. I'm specifically not sure what  
8 date I did the document.

9 **Q. Okay. Quickly letting somebody die in**  
10 **front of you and not calling for an ambulance for a**  
11 **period of 50 minutes is off-the-charts unacceptable**  
12 **from TDCJ's position? Yes or no?**

13 A. Could you give me more detail?

14 **Q. No.**

15 A. If, hypothetically, we watched someone  
16 with a medical emergency or -- I don't know that we  
17 would know he's dying or not dying -- for 50 minutes  
18 before we sought medical attention?

19 **Q. Called 911.**

20 A. Called 911, that would not be what we  
21 would want to happen.

22 **Q. Well, I would hope it would not be what**  
23 **you would want to happen. It would be indefensible**  
24 **and wrong. Fair?**

25 A. It would not be our protocol or our policy

## REPORTER'S CERTIFICATE

STATE OF TEXAS )

McLENNAN COUNTY )

I, Melody Renee Campbell, Certified Shorthand Reporter in and for the State of Texas, do hereby certify that the foregoing deposition is a full, true and correct transcript;

That BRYAN COLLIER, the witness hereinbefore named, was duly sworn by the officer and that the oral deposition was taken by the officer in machine shorthand on MARCH 30, 2016, and is a true record of the testimony given by the witness;

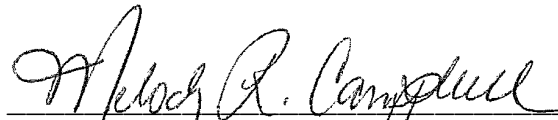
I further certify that the signature of the deponent was requested and is to be returned within 30 days from date of receipt of the transcript. If returned, the attached Changes and Signature Page contains any changes and the reasons therefor;

That \$ \_\_\_\_\_ is the deposition officer's charges for preparing the original deposition transcript and any copies of exhibits, charged to PLAINTIFFS;

I further certify that I am neither counsel for, related to, nor employed by any of the parties in the action in which this proceeding was taken,

1 and further that I am not financially or otherwise  
2 interested in the outcome of the action.

3 Subscribed and sworn to on this the 13TH day  
4 of APRIL 2016.

5  
6 

7  
8 MELODY RENEE CAMPBELL  
9 Integrity Legal Support Solutions  
3100 W. Slaughter Lane, Suite A-101  
Austin, Texas 78748  
512.320.8690  
10 512.320.8692 (Fax)



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §  
 McCOLLUM, individually, and STEPHANIE §  
 KINGREY, individually and as independent §  
 administrator of the Estate of LARRY GENE §  
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

## JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §  
RICHARD CLARK, KAREN TATE, §  
SANDREA SANDERS, ROBERT EASON, the §  
UNIVERSITY OF TEXAS MEDICAL §  
BRANCH and the TEXAS DEPARTMENT OF §  
CRIMINAL JUSTICE. §

DEFENDANTS

## Plaintiffs' Consolidated Summary Judgment Response Appendix

**EXHIBIT 277**

IN THE UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA	:	
McCOLLUM, individually, and	:	
STEPHANIE KINGREY, individually	:	
and as independent administrator:	:	
of the Estate of LARRY GENE	:	
McCOLLUM,	:	
	:	
PLAINTIFFS,	:	
	:	
VS.	:	CIVIL ACTION NO.
	:	4:14-cv-3253
BRAD LIVINGSTON, JEFF PRINGLE,	:	JURY DEMAND
RICHARD CLARK, KAREN TATE,	:	
SANDREA SANDERS, ROBERT EASON,	:	
the UNIVERSITY OF TEXAS MEDICAL	:	
BRANCH and the TEXAS DEPARTMENT	:	
OF CRIMINAL JUSTICE,	:	
	:	
DEFENDANTS	:	

\*\*\*\*\*  
ORAL AND VIDEOTAPED DEPOSITION OF  
GEORGE CRIPPEN  
MARCH 24, 2016  
\*\*\*\*\*

ORAL AND VIDEOTAPED DEPOSITION OF GEORGE  
CRIPPEN, produced as a witness at the instance of the  
Plaintiffs, and duly sworn, was taken in the  
above-styled and numbered cause on March 24, 2016, from  
10:23 a.m. to 7:20 p.m., before PHYLLIS WALTZ, RMR, CRR,  
Texas CSR, TCRR, Louisiana CCR, in and for the State of  
Texas, recorded by machine shorthand, at the Office of  
the University of Texas Medical Branch, 200 River  
Pointe, Conroe, Texas, pursuant to the Federal Rules of

1 Civil Procedure and the provisions stated on the record  
2 or attached hereto; that the deposition shall be read  
3 and signed before any Notary Public.

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ALSO PRESENT:

Mr. James Rheams  
Ms. Jennifer K. Osteen

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1 A. I don't know.

2 Q. You don't know if a peer review was done?

3 A. No.

4 Q. You don't know that correctional officers left  
5 him unresponsive for nearly an hour before calling 911?

6 A. No.

7 MS. BURTON: Object -- objection;  
8 misstates the evidence.

9 MR. EDWARDS: It doesn't --

10 MS. BURTON: Assumes facts not in  
11 evidence.

12 MR. EDWARDS: -- misstate the evidence.

13 Q. (BY MR. EDWARDS) Okay. Just so we're crystal  
14 clear, correctional officers did not call 911 for at  
15 least 50 minutes while Mr. McCollum was going through a  
16 heat stroke. Mr. McCollum was then taken to the  
17 hospital where he spent several days and died --

18 MS. BURTON: Objection.

19 Q. (BY MR. EDWARDS) -- of confirmed  
20 hyperthermia. Is this the first time you're hearing  
21 about any of those facts, sir?

22 A. There are multiple cases of -- I may have been  
23 aware of it, but --

24 Q. Okay.

25 A. -- from 2011 to 2016, I cannot definitely tell

1 you that I remember that particular case.

2 Q. Well, is what I described to you, if it's  
3 true, that sounds pretty egregious; do you agree with  
4 me?

5 A. Yes, if it happened that way, yes.

6 Q. Okay. I take it if you did a nursing review  
7 and determined that that had, in fact, happened, you  
8 would have been on the phone with Mr. Eubank and said,  
9 what on earth was going on here, right?

10 A. Correct, but --

11 Q. I guess that's if nurses were there to help,  
12 right?

13 A. Yes.

14 Q. Okay. And if nurses weren't there to help the  
15 correctional officers because of the cutting back of the  
16 hours, then I guess you'd tell the jury, look, it's even  
17 more important to call 911 when you're dealing with a  
18 nonresponsive man in the middle of the night in these  
19 conditions of extreme heat, right?

20 A. I -- can you rephrase the question, I guess?

21 Q. Yeah. And if nurses weren't there to help the  
22 correctional officers because of the cutting back of the  
23 hours, then I guess you'd tell the jury, look, it's even  
24 more important for the officers to call 911 if you're  
25 dealing with a nonresponsive man in the middle of the

1 THE STATE OF TEXAS :  
COUNTY OF HARRIS :

2

3 I, PHYLLIS WALTZ, a Texas Certified Shorthand Reporter,  
4 Texas Certified Realtime Reporter, Louisiana Certified  
5 Court Reporter, Registered Merit Reporter and Certified  
6 Realtime Reporter in and for the State of Texas, do  
7 hereby certify that the facts as stated by me in the  
8 caption hereto are true; that the above and foregoing  
9 answers of the witness, GEORGE CRIPPEN, to the  
10 interrogatories as indicated were made before me by the  
11 said witness after being first duly sworn to testify the  
12 truth, and same were reduced to typewriting under my  
13 direction; that the above and foregoing deposition as  
14 set forth in typewriting is a full, true, and correct  
15 transcript of the proceedings had at the time of taking  
16 of said deposition.

17 I further certify that I am not, in any capacity, a  
18 regular employee of the party in whose behalf this  
19 deposition is taken, nor in the regular employ of his  
20 attorney; and I certify that I am not interested in the  
21 cause, nor of kin or counsel to either of the parties.

22 GIVEN UNDER MY HAND AND SEAL OF OFFICE, on this, the 1ST  
23 day of APRIL, 2016.

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PHYLLIS WALTZ

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